**UPTAKE FOR HCV SCREENING AND TREATMENT IN PERSONS WHO INJECT DRUGS IN OPIATE SUBSTITUTION THERAPY (POST) IN BELGIUM**

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**Background:** Hepatitis C virus (HCV) infection affects mostly persons who inject drugs (PWIDs). However, uptake for HCV screening and treatment remains low within this population. This study aims to investigate the differences in uptake for HCV screening and treatment between PWIDs and the non PWID population in Belgium.

**Methods:** Invoice data were retrospectively collected on annual basis from the largest health insurance fund in Belgium, Christian Health Insurance Fund (CM). Information on demographics (2001-2008), screening, diagnostic tests, treatment and disease progression such as ascites, hepatic encephalopathy and portal hypertension from 2008-2013 were studied. Persons in opiate substitution therapy (POST) were identified as having at least one prescription reimbursed for substitution medication and were used as a proxy for PWIDs. This group was compared to a rest group, defined as the remaining clients of CM.

**Results:** CM registered 9.115 unique POST and 5.855.821 clients in the rest group. HCV-RNA screening rate was higher in the POST group (8% vs. 0.12%; p=0.003). Spironolactone and furosemide, as a proxy for diuretic therapy for ascites, was relatively less prescribed in the POST group (p=0.004) while lactulose, a proxy for hepatic encephalopathy treatment, was prescribed equally (p=0.522). Sclerotherapy of esophageal varices, evacuating ascites puncture and liver transplantations were reimbursed less frequently in the POST group (p<0.05). Ribavirin, a proxy for HCV antiviral therapy, was equally reimbursed (42% vs. 47%; p=0.055). All-cause mortality is equal in both groups (p=0.055) but POST die younger (p=0.037). The need for treatment for decompensated liver failure remained stable from 2008 to 2013 in both groups.

**Conclusion:** As proposed in the INHSU guidelines to manage HCV infection, the POST are screened more often. However, uptake for HCV screening and treatment in Belgium is still suboptimal. Novel is that the non-POST group has more therapy for liver failure although POST die younger.

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