**Aggressive Treatment of Hepatitis C in People Who Inject Drugs in Norway: An Integral Step to eradicate the infection in this population**

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**Background:** In 2015, there were an estimated 8,000 active people who inject drugs (PWID) in Norway of whom 7,000 were engaged in opioid substitution therapy (OST), needle syringe programs (NSP) or both. Approximately 1,000 active PWID were not engaged in harm reduction programs (General Population). An estimated 3,970 active PWID were viremic with HCV in 2015. This study aimed at assessing the impact of an aggressive treatment strategy in Norway focused on individuals engaged in harm reduction programs in order to strongly reduce the prevalence of HCV among PWID.

**Methods:** A modelling approach was used to estimate HCV transmission among PWID in the General Population, OST, NSP, and NSP/OST. The model was calibrated to historical data and examined the effect of treating 1,000 PWID starting in 2018 focusing primarily on those in NSP/OST and then those in NSP alone in 2020. The sustained viral response was increased to 90% by 2020.

**Results:** This treatment strategy resulted in a >99% reduction in the number of viremic PWID, to 20 by 2030. Additionally, a 95% reduction in incidence was achieved in this group. After 2022, the number of treated patients could be reduced.

**Conclusion:** Treating 1,000 PWID in Norway for 5 years results in a substantial decrease in the number of HCV infected active PWID by 2030. Due to the widespread availability and use of harm reduction in Norway, treatment can be focused on PWID engaged in these programs. In countries with low HCV prevalence where incidence occurs primarily in high-risk populations, such as Norway, treatment of PWID is necessary to meet the WHO strategy for reducing new HCV infections by 90% by 2030.

**Disclosure of Interest Statement:** This study was supported by Gilead Sciences