

# Stage of liver fibrosis and linkage to care in HCV-infected people who inject drugs: results from national study in Slovenia

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## BACKGROUND

The ageing population of people who inject drugs (PWID), of which a large proportion has been infected with hepatitis C virus (HCV) for two or more decades, has led to a rise in liver disease burden among PWID. In a two million population of Slovenia, there are approximately 6 – 8 000 of PWID with estimated HCV seroprevalence at 27%. In 1995, 18 regional Centres for the Prevention and Treatment of Drug Addiction (CPTDA) were established throughout the country offering HCV testing upon entry into programme to each of 4 – 5 000 PWID that receive those services every year. To increase the proportion of PWID treated for HCV and to achieve optimal treatment adherence, efficacy and safety, a multidisciplinary National Healthcare Network for the Management of HCV infection in PWID was established in 2007 (1). This network linked the 18 CPTDA and the five specialised hospital-based clinics for treatment of viral hepatitis providing HCV treatment for PWID in close cooperation between viral hepatitis specialist and addiction therapist.

Ten years after establishing a multidisciplinary National Healthcare Network for HCV management in PWID, the aim of this study was to assess the stage of liver disease among HCV infected PWID in Slovenia and their linkage to HCV care.

## METHODS

A prospective study included untreated HCV RNA positive PWID from 18 CPTDA taking part in the National Healthcare Network for the Management of HCV Infection in PWID. The stage of liver fibrosis was assessed using transient elastography (TE). An interview on history of drug use and linkage to HCV care was performed using a 9-item questionnaire and the responses were analysed accordingly.

## RESULTS

Of 212 PWID included, 83% were males (Figure 1). Mean ages at first intravenous drug use, at being diagnosed HCV positive, and at time of the study were 21 years, 32 years and 40 years, respectively (Figure 2). 66/212 (31%) presented advanced stage of liver fibrosis (TE >9,4 kPa; METAVIR F3 and F4) (Figure 3). Advanced liver fibrosis was most common among men aged 50-59 years, with 67% presenting F3 and F4 (Figure 4). 120/212 (57%) have already been managed by viral hepatitis specialists. Among the remaining, 30/212 (14%) have been referred there and 12/212 (6%) refused to be linked to HCV care whereas 45/212 (21%) have never been referred to viral hepatitis specialist and 5/212 (2%) gave no response (Figure 5).

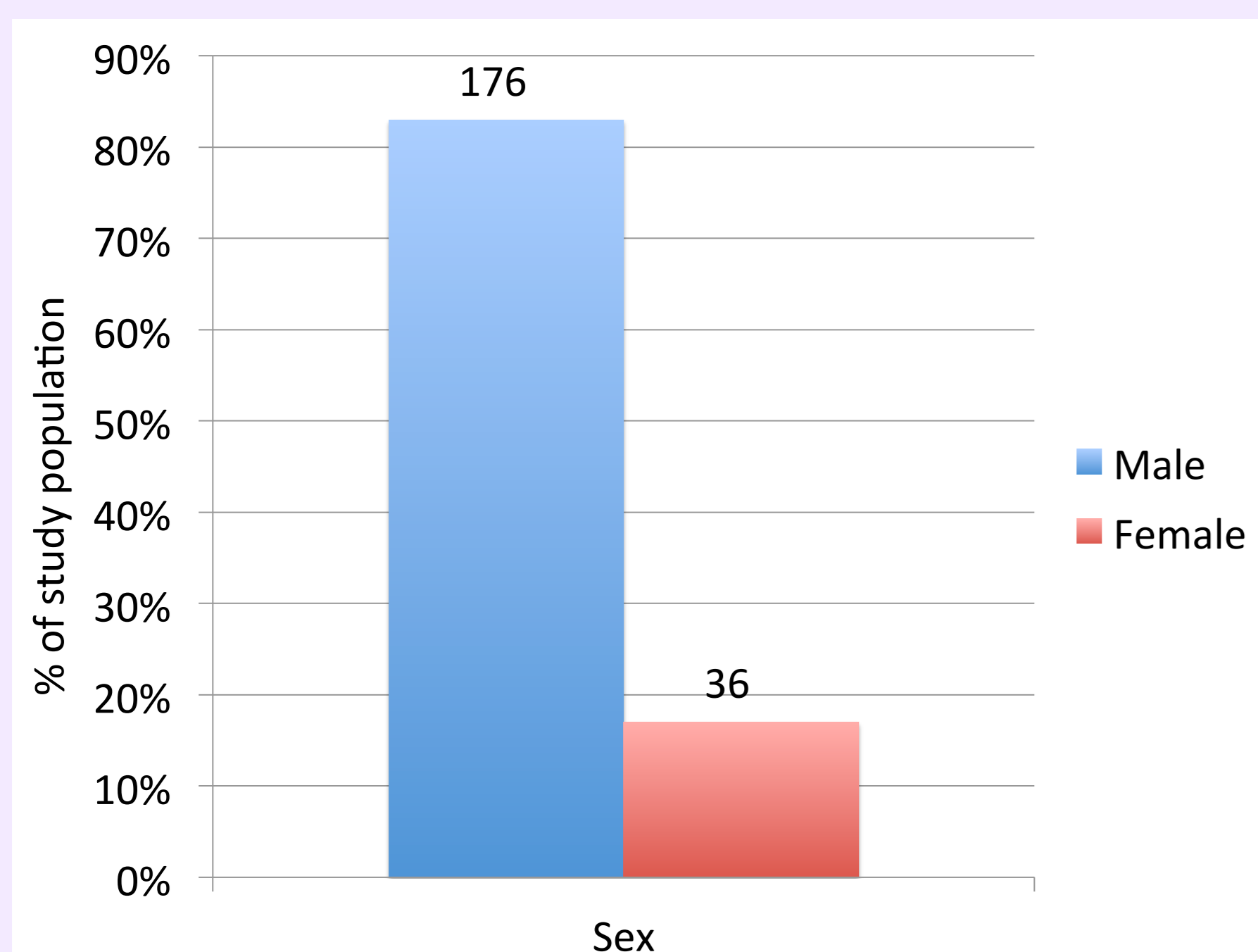


Figure 1: Gender distribution of the study population (N=212).

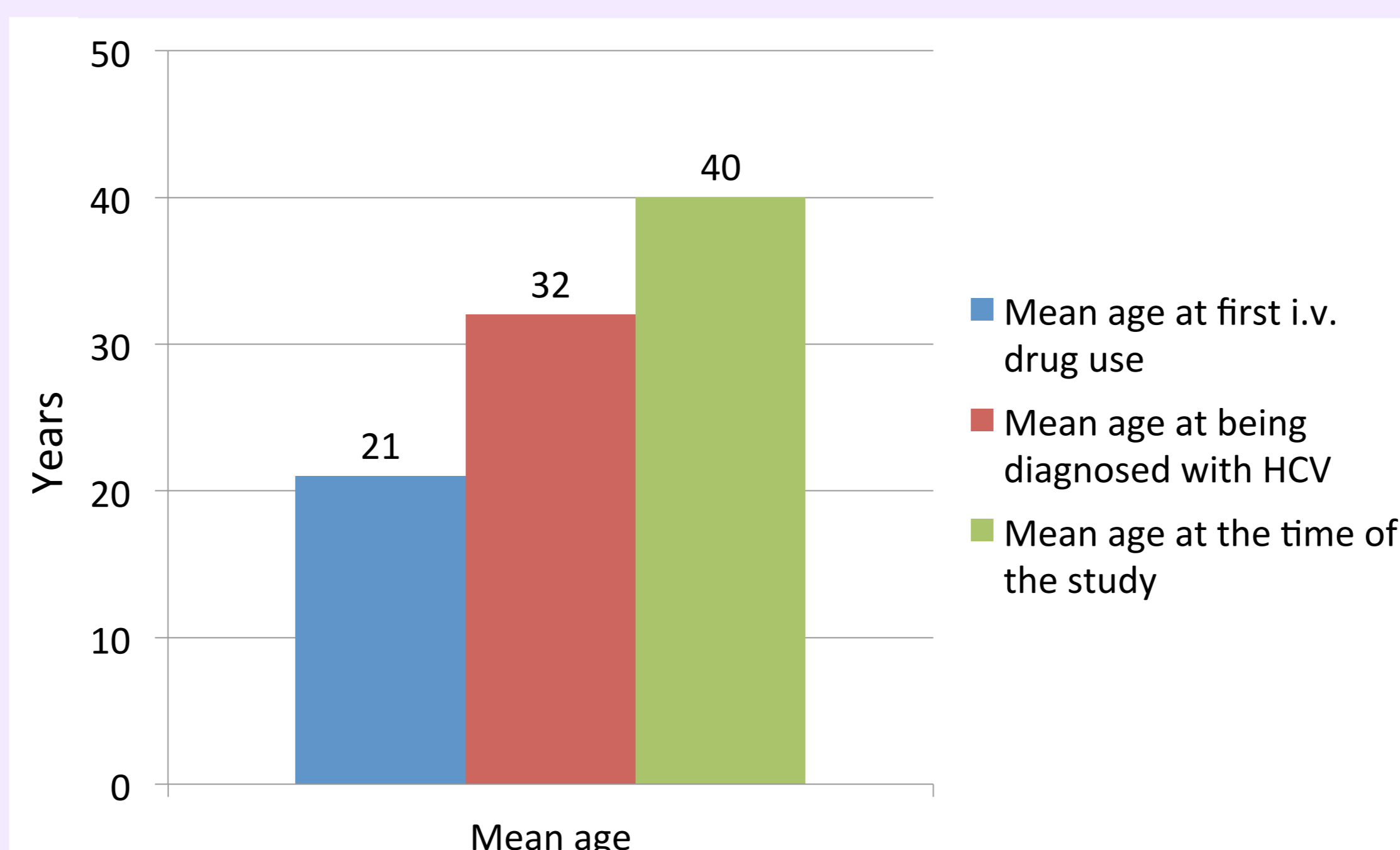


Figure 2: Mean ages at first intravenous drug use, at being diagnosed HCV positive, and at time of the study (N=212).

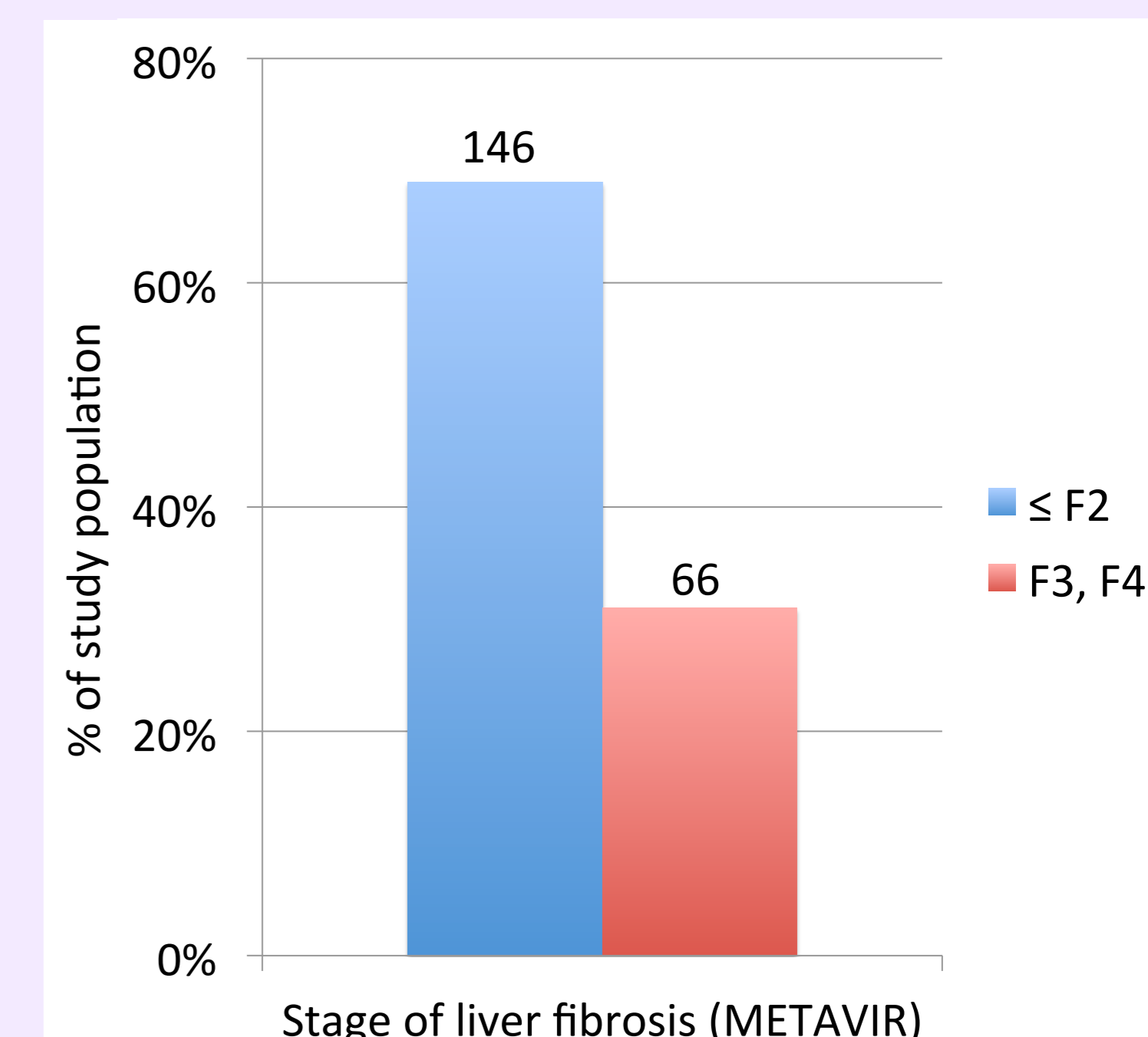


Figure 3: Stage of liver fibrosis in the study population (N=212).

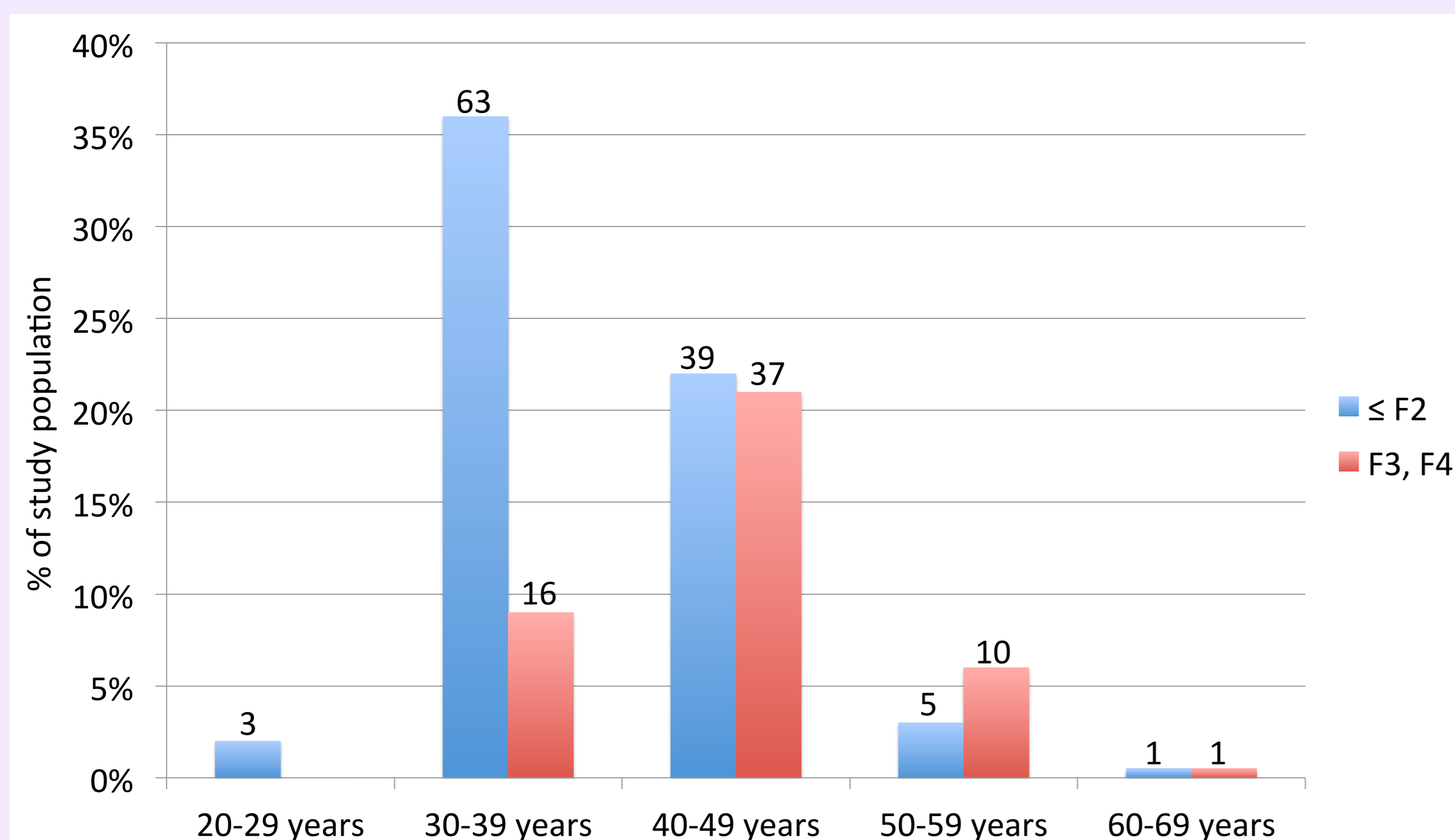


Figure 4: Stage of liver fibrosis in men of different age groups (N=176).

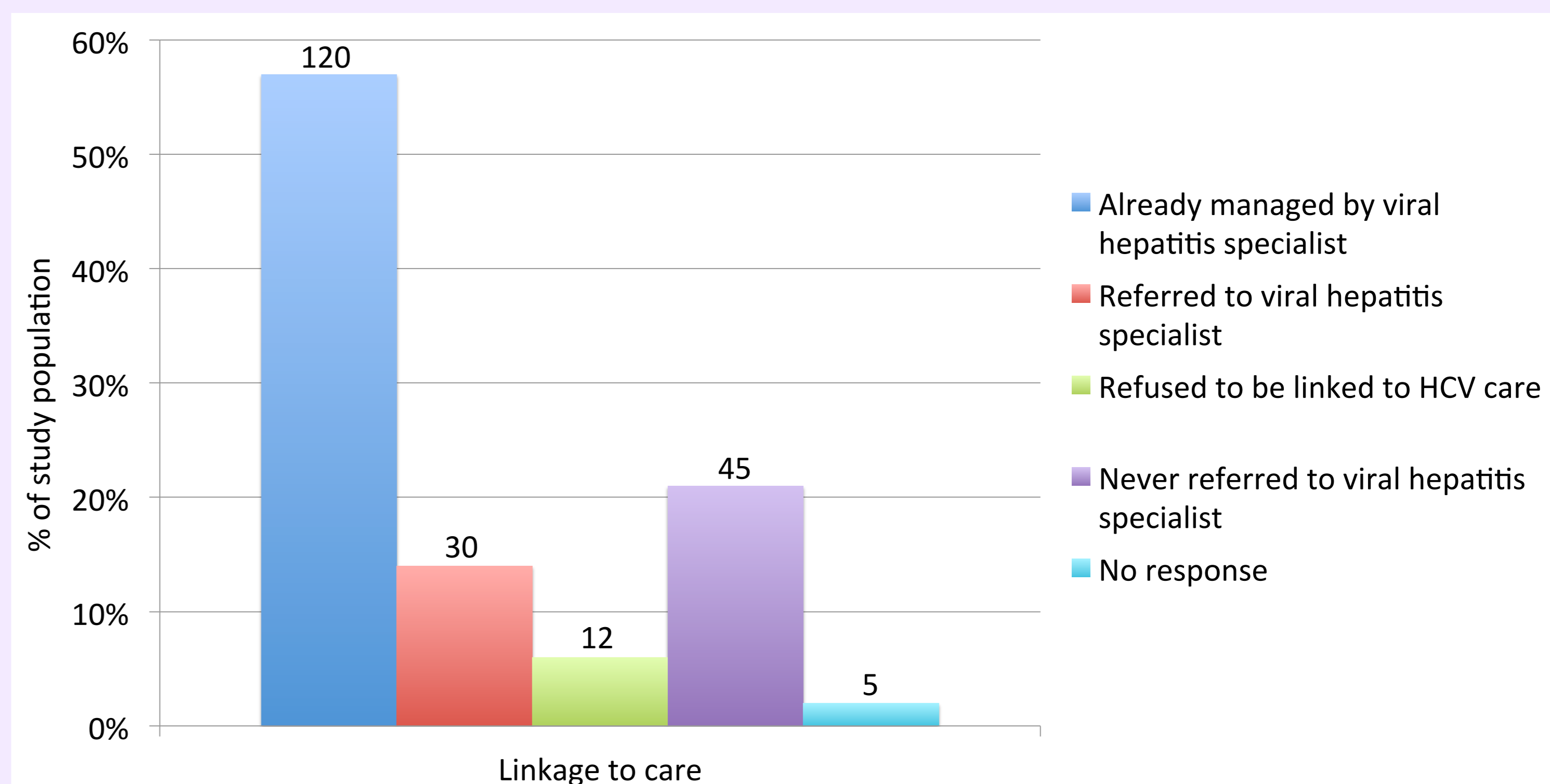


Figure 5: Linkage to HCV care in the study population (N=212).

## CONCLUSIONS

The high proportion of HCV infected PWID with advanced liver disease most probably reflects late HCV diagnosis and insufficient linkage to HCV care. System changes on the national level are needed to enhance motivation for early HCV screening and prompt linkage to HCV care in all the infected PWID, with special focus on those, aged over 40 years.

## REFERENCE

1. Maticic M. A national multidisciplinary healthcare network for treatment of hepatitis C in people who inject drugs in Slovenia. *BMC Infect Dis* 2014; 14(Suppl 6):S6.