

THE HCV CARE CASCADE AMONG PEOPLE WHO INJECT DRUGS IN A NORWEGIAN LOW-THRESHOLD SETTING

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BACKGROUND

- Improving hepatitis C virus (HCV) treatment uptake among people who inject drugs (PWID) is fundamental to realize the benefits of direct-acting antiviral (DAA) treatment for this group.
- In Norway, the population of lifetime PWID comprises approximately 24 000 individuals, of whom 8000 are recent PWID and 7500 are receiving opioid substitution treatment.
- HCV RNA prevalence among PWID in Norway is 40-50%.
- Until March 2017, DAA treatment in Norway was restricted to individuals with liver stiffness measurements >7 kPa.
- From March 2017, DAA treatment for genotype 1 infection (40% of the population) has been offered without fibrosis restrictions.

AIMS

- The aim of this study was to describe the HCV care cascade in a population of recent PWID attending a low-threshold clinic.

METHODS

- A primary care-based low-threshold HCV clinic was established in 2013 in downtown Oslo, Norway, as an effort to reach a highly marginalised PWID population with ongoing injecting drug use.
- The clinic is located within the premises of the city's harm reduction services and is staffed by a general practitioner and two nurses with support from an infectious diseases specialist.
- The nurses draw blood and operate a mobile transient elastography device, enabling complete on-site or ambulant diagnostics and treatment.



RESULTS

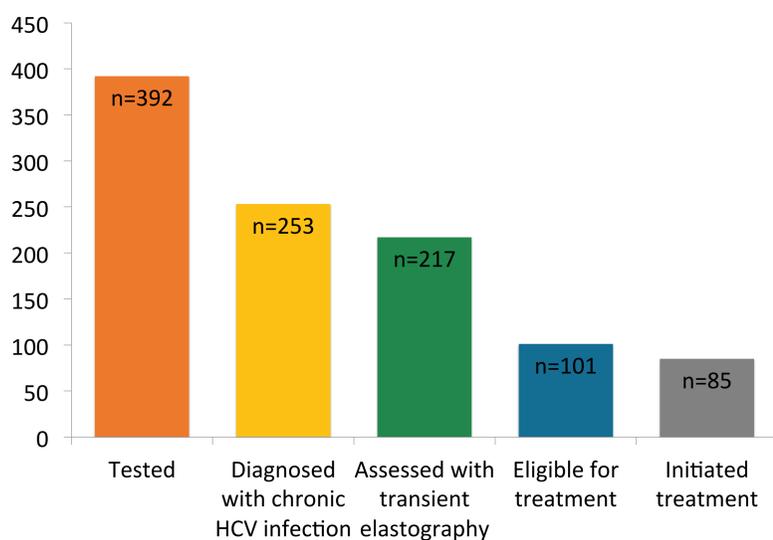


Figure 1. The HCV care cascade by March 2017. DAA treatment restricted to individuals with liver stiffness measurements >7 kPa.

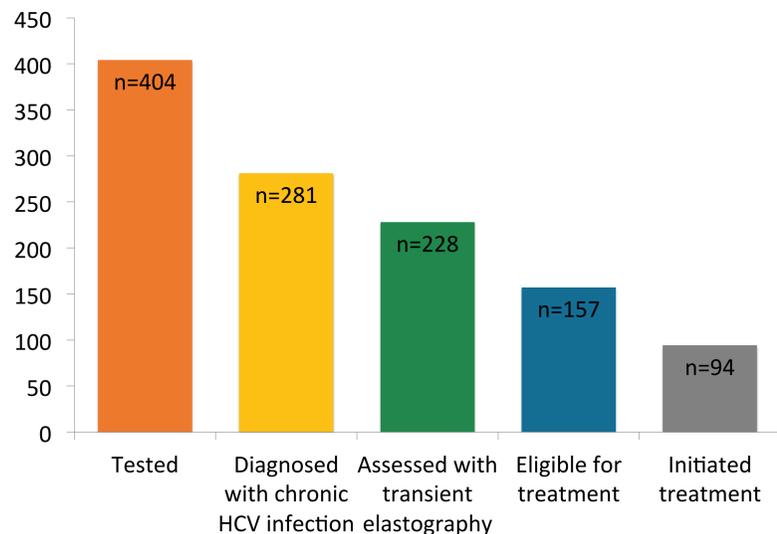


Figure 2. The HCV care cascade by August 2017. Unrestricted DAA treatment for genotype 1 infection.

- By August 2017, HCV RNA prevalence among tested individuals was 70% (281 of 404), and 81% (228 of 281) of viremic individuals were assessed with transient elastography.
- Between March and August 2017, the proportion of assessed individuals being eligible for treatment according to guidelines increased from 47% (101 of 217) to 69% (157 of 228).
- Treatment uptake among HCV RNA positive individuals was 33% (94 of 281).
- Very few individuals have lost contact with the clinic.

CONCLUSIONS

- Linkage to care was high but overall treatment uptake remained relatively low at 33%.
- Until March 2017, national fibrosis restrictions contributed to the largest gap in the HCV care cascade.
- After unrestricted treatment for genotype 1 infection was commenced, increasing numbers of treatment eligible and treated patients have been observed.