

HIGH TREATMENT UPTAKE DESPITE LIMITED TREATMENT ACCESS AT THE BASEL CENTRE FOR ADDICTION MEDICINE

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Background

In Switzerland treatment uptake for hepatitis C virus (HCV) infection is comparably low. The Federal Office of Public Health (FSPO) restricts therapy to fibrosis grade II. Particularly people who inject drugs (PWIDs) have no strong lobby to defend their interests. Therefore individual institutions fill in this gap. Our centre has a clear concept towards HCV elimination.

Methods

We aim at treating all patients with HCV infection, irrespective of fibrosis grade. Also concurrent alcohol- and compensated drug use parallel to opioid substitution therapy (OST) is no contraindication. In patients who do not qualify because of low liver fibrosis we define extrahepatic manifestations in form of lab findings (cryoglobulinaemia), or with questionnaires (fatigue) to reach clearance by the health insurance. Active case finding is made in drug injecting centres in PWIDs without OST aiming at reducing the HCV burden in the entire risk population of the canton of Basel.

Results

Our collective consists of 350 clients with OST. 144 (27% women) were identified with active HCV infection. Of those 85 (59%) have been successfully treated. 55 (48%) received directly acting antivirals (DAAs), 7 (8%) protease inhibitors and 26 (31%) pegylated interferon/ribavirin (PR). Until present there has been no treatment failure and one reinfection (2%) in patients with DAA-treatment compared to 36/58 (62%) treatment failures with PR. There was a significant treatment increase since introduction of the DAAs with 9 treatments in 2014, 18 in 2015, 26 in 2016 and 7 until today (4-18-2017), compared to 60 treatments in 14 years before.

Conclusions

Concerted efforts lead to high treatment uptake and successful treatment in a real life setting. We plan to increase case finding by applying capillary HCV-testing in the community.