

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. Ten years after establishing a multidisciplinary national 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 centers for treatment of drug addiction taking part in the National Network for 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.

Results:

Of 212 PWID included, 83% were males. 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. 66/212 (31%) presented advanced stage of liver fibrosis (TE >9,4 kPa; METAVIR F3 and F4). Advanced liver fibrosis was most common among men aged 50-59 years, with 67% presenting F3 and F4. 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.

Conclusion:

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.

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