THE CASCADE OF HCV CARE AMONG PEOPLE WHO INJECT DRUGS IN A NORWEGIAN LOW-THRESHOLD SETTING: INCREASING TREATMENT UPTAKE

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Background:
Improving hepatitis C virus (HCV) treatment uptake among people who inject drugs (PWID) is crucial to realize the benefits of direct-acting antiviral (DAA) treatment. In 2013, a primary care-based low-threshold HCV clinic was established in downtown Oslo as an effort to provide HCV care for recent PWID. Between 2014 and 2017, DAA treatment in Norway was restricted to individuals with significant liver fibrosis, but unrestricted treatment has been available for all genotype 1 patients from February 2017, and for all patients from February 2018.

Description of model of care/intervention:
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 infectious diseases specialist support. The model of care is characterized by flexibility, ambulant work and broad use of existing networks within low-threshold services and institutions. The nurses draw blood, operate a mobile transient elastography (TE) device and provide individually tailored HCV treatment.

Effectiveness:
By May 2018 the clinic had tested 508 individuals, of whom 334 (66%) had chronic HCV infection (74% male, mean age 46 years). 271 of 334 (81%) were subsequently assessed with TE (17% cirrhosis) and of those, 161 (59%) had initiated DAA treatment. Among 173 untreated individuals, 81 (47%) were retained in care, 81 (47%) were lost to follow-up, 7 (4%) were diseased and 4 (2%) declined treatment. Cumulative treatment uptake among HCV RNA positive individuals increased from 34% (85 of 253) in March 2017 to 48% (161 of 334) in May 2018 ($p<0.001$).

Conclusion and next steps:
DAA treatment uptake among recent PWID increased following the withdrawal of national fibrosis restrictions. Linkage to care and patient retention was high. This study provides data on the feasibility of a model of care that could be disseminated to other urban areas.

Disclosure of Interest Statement:
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