

Hepatitis C treatment at a Swedish Needle Exchange Program: A successful full-service model for reaching active injectors



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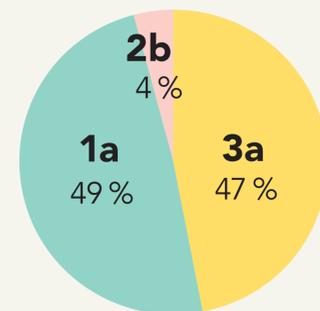
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Background

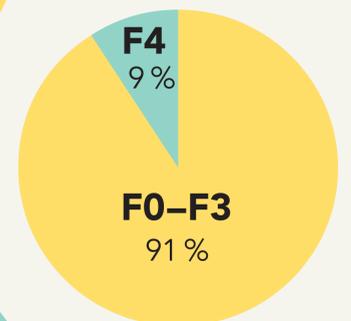
Malmö NEP was initiated by the Department of Infectious Diseases in 1987 and has since reached >5000 persons who inject drugs (PWID), with approximately 600 individual visitors and 8000 visits/year.

The clinic provides needles, syringes and paraphernalia, as well as risk reduction counselling, basic medical care and psycho-social support. Participants register under known ID and are tested for HIV, hepatitis B (HBV) and hepatitis C (HCV) at baseline and at regular intervals thereafter. Vaccination against HAV and HBV is provided. Successful transfers to Opioid Substitution Therapy has left the majority using mainly amphetamine. Despite a continuously low prevalence and incidence of HIV and decreasing HBV rates, the prevalence (> 60 % at baseline) and incidence (30/100 pyr) of HCV have remained high.

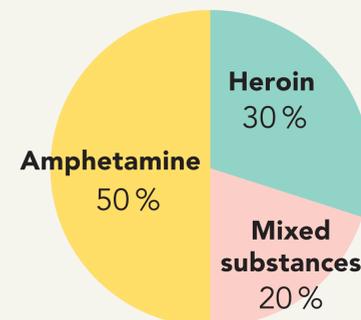
Genotypes:



Stages of fibrosis:



Main drug use:



Description of model of care/intervention

50 patients receive treatment with glecaprevir/pibrentasvir for 8 weeks (F0-3) or 12 weeks (F4). Screening procedures involve physical examinations, liver function tests, transient elastography (Fibroscan), self reported and objectively measured drug use, health assessment and assessment by addiction severity index.

Included participants make weekly visits to pick up medication and report side effects, as well as leaving blood samples, monitor drug use and report self perceived physical and psychological health at five occasions during treatment. Drug interactions and adverse effects are carefully notified and followed up. The study consists of 24 visits over a five year period. A renewed transient elastography is performed one year post treatment. Assessment of risk and blood testing for detection of reinfections take place annually for 5 years in total.

STUDY TEAM: study nurse, infectious disease and addiction care specialists.

PRIMARY ENDPOINT: SVR at 12 weeks.

SECONDARY ENDPOINTS: re-infections, completion/adherence rates, virological kinetics and resistance patterns, effects on quality of life and risk behaviours.

INCLUSION CRITERIA: registered in the Malmö NEP, recent IVDU (<6 months), chronic HCV, written informed consent, precautions to avoid pregnancy during treatment.

EXCLUSION CRITERIA: pregnancy, HIV or chronic HBV, decompensated liver cirrhosis, previous HCV treatment, uncontrolled somatic or psychiatric disorder.

Conclusion and next steps:

A well functioning NEP equipped with medical resources for HCV treatment can be used for offering the full cascade of care. The combination of flexible hours (no appointments) and on site nurse, ID and addiction specialists, and fibroscan have proven to be a successful full-service model for reaching active injectors.

The NEP's standard program has shown to be a beneficial platform to reach the patients, receive their confidence as in to offer HCV treatment and finally to follow up results. This concept is expected to have an impact on individual and group levels concerning HCV related morbidity and mortality and should be implemented in the NEP routines after the study period.

Effectiveness

Inclusion was carried out from April 2018 to May 2019. 62 patients were screened and 50 included.

45 individuals have reached end of treatment and 33 have reached SVR 12.

The median age is 46 years and 78 % are male. Other benefits such as increased nutrition, sleep, self esteem and decreased drug intake during and after treatment have been reported and will further be evaluated.

→ **CHALLENGES:** reminders of visits (text message/phonecalls, new numbers), reporting of lost/missed doses, limited opening hours.

→ **BENEFITS:** a sense of privilege, increased self reported overall health, "it's my turn now", regular eating/sleeping patterns, increased self esteem, new platform for health related interventions, increased interest for HCV treatment within the group.

