ADHERENCE TO ADDICTION CENTERS DURING THE COVID19 PANDEMIC OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS IS LOW, MAKING HEPATITIS C SCREENING AND TREATMENT DIFFICULT

<u>Marcos-Fosch C</u>¹, Grau-López L², Palma-Alvarez RF², Daigre C², Rando-Segura A³, Llaneras J¹, Riveiro-Barciela M¹, Rodriguez-Frias F³, Colom J⁴, Esteban R¹, Buti M¹.

¹Liver Unit, Internal Medicine Department, Hospital Universitari Vall d'Hebron, Barcelona, Spain ²Addiction and Dual Diagnosis Section, Department of Psychiatry, Hospital Universitari Vall d'Hebron, Barcelona, Spain

³Liver Disease-Viral Hepatitis Laboratory, Vall d'Hebron Research Institute (VHIR), Barcelona, Spain

⁴Director of the Programme for Prevention, Control and Treatment of HIV, STIs and Viral Hepatitis. Agency of Public Health of Catalonia. Generalitat de Catalunya.

Background

Controlling Hepatitis C Virus (HCV) infection in individuals with substance use disorders (SUD) is key to achieving the WHO eliminating goal but screening and treatment continues to be a challenge. The objective of the study was to analyze the incidence of HCV infection in a cohort of subjects with SUD who had previously been screened and the degree of adherence to addiction centers, especially during the COVID19 pandemic.

Methods

Prospective study conducted in an addiction center that included subjects with SUD, who previously (2018-2019) underwent HCV screening and were offered treatment. During the COVID19 pandemic, they were offered HCV screening again to assess the incidence of new infections and reinfections.

Results

In the first study, 401 individuals with SUD were recruited, 112 (30%) were anti-HCV positive and 42 (10%) RNA-HCV positive. SVR12 was achieved in 15 of them, the rest being lost to follow-up. Eighteen months later 242 patients (60.3%) were still attached to the center 176 (72%) agreed to be screened. 58 (33%) positive anti-HCV were detected (two previously negative) and HCV-RNA was detected in 6 (3.4%). Four were previously known and had not agreed to be treated and 2 (1.1%) were new infections. There was no reinfection.

Adherence to the addiction center was higher in older subjects ($47 \pm 11 \text{ vs } 44 \pm 12, p<0.02$) and in those with opiate use (70% vs 30%, p<0.008). Patients with cocaine use were less compliant at follow-up (45% vs 55%, p<0.049). Psychiatric antecedents improved adherence to follow-up (66% vs 34%, p<0.003).

Conclusions

Patients with SUD despite screening and treatment maintain a high prevalence and incidence of HCV infection. Adherence to addiction centers is low, with a 40% dropout rate. There are significant demographic, clinical and in the pattern of substance use differences between adherent patients and those who abandon follow-up.

Conflicts of interest

Cristina Marcos-Fosch - No personal o financial conflicts of interest. Lara Grau-López - No personal o financial conflicts of interest. Raúl Felipe Palma-Alvarez- No personal o financial conflicts of interest. Constanza Daigre - No personal o financial conflicts of interest. Ariadna Rando-Segura - No personal o financial conflicts of interest.

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