HCV-ELIMINATION IN A SWISS HEROIN SUBSTITUTION PROGRAM BY FOUR-WEEKLY INFECTIOUS DISEASE SPECIALIST-VISITS WITH ANTIBODY RAPID TESTS, MOBILE GENEXPERT® AND FIBROSCAN®

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Background:
Since 2017, all patients with chronic hepatitis C in Switzerland can be treated with pangenotypic Direct-acting antivirals irrespective of liver fibrosis stage. Prescription, however, is restricted to infectious disease specialists, gastroenterologists and certain addiction specialists. Difficult venous access after long-term intravenous drug use and difficulties keeping appointments are barriers to HCV diagnosis and treatment.

Methods:
Since 09/2018, an infectious disease specialist and a study nurse perform 4-weekly visits in the heroin substitution program "HAG", offering HIV/HCV-antibody rapid testing (20min) and HCV-RNA quantification (GeneXpert®, 60min) from capillary blood, non-invasive liver fibrosis assessment (Fibroscan®, 5-10min) and HCV-treatment prescription on-site. Recommended venous blood draws for HAV/HBV-serology and HAV/HBV-vaccinations are performed by the staff of the "HAG". Project performance is assessed by annual cross-sectional chart review.

Results:
Of the 128 patients registered in 04/2018, 79 (62%) were still present in 05/2021. With 72 newly registered, a total of 200 patients could be assessed, of whom 129 (65%) were still present in 05/2021. Between 04/2018 and 05/2021, the proportion ever HCV-antibody-tested increased from 83% (106/128) to 93% (120/129) and the proportion of HCV-antibody-positives ever HCV-RNA-tested from 89% (47/53) to 98% (56/57). The proportion with adequate HCV-management (last HCV-antibody-test ≤1 year ago, if HCV-antibody-negative or last HCV-RNA-test ≤1 year ago, if HCV-antibody-positive-RNA-negative) increased from 23% (15+15/128) to 80% (55+48/129). Overall, HCV-treatment-uptake increased from 60% (21/35) to 92% (55/60) and HCV-RNA-prevalence among the HCV-antibody-positives decreased from 38% (18/47) to 7% (6/84). 19 non-cirrhotic chronic hepatitis C patients were treated on-site (17x SVR, 1x HCV-RNA-negative at EOT, 1x ongoing). Immunity against HAV/HBV improved from 19%/23% to 50%/57%.

Conclusion:
Capillary point-of-care testing and a "test-and-treat/vaccinate on-site"-approach remove crucial barriers to diagnosis and treatment, making hepatitis elimination in opioid agonist therapy programs achievable. A high fluctuation rate requires HIV/HCV/HAV/HBV-testing at admission, but also allows more patients to be screened.

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