

Towards Micro-elimination of Hepatitis C in Skåne Region – Needle Exchange Programs as Key Assets

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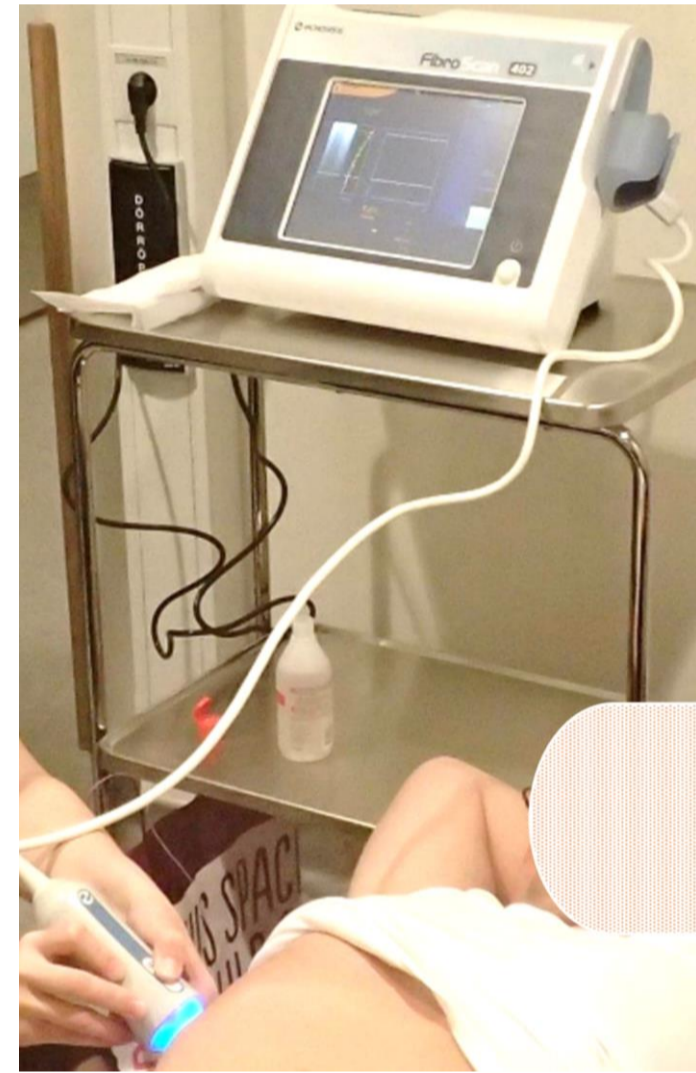
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Description of model of care:

Skåne Region, in southernmost Sweden, is a forerunner for providing access to care for people who inject drugs. For two decades, 1986-2006, only two needle exchange programs (NEPs) were permitted in Sweden, both in Skåne. Still today NEP access is highest here, as is access to opioid agonist therapy (OAT). Skåne has approximately 1,4 million inhabitants and the number of people who inject drugs has previously been estimated to around 1200. Needle exchange programs can be key assets for comprehensive hepatitis C (HCV) management.

The four NEPs in Skåne Region; Malmö (pictured below), Lund, Kristianstad and Helsingborg, are parts of Infectious disease departments and provide testing, assessment and treatment for hepatitis C (HCV) on site. All NEP participants are tested for HIV, hepatitis A, B and C upon enrolment and then every 3-6 months. Vaccination against HAV and HBV is provided. HCV RNA positive participants are offered assessment with transient elastography. HCV treatment is prescribed and administered on site with adjustment to the participant's individual needs.



Effectiveness:

HCV treatment uptake has steadily increased during the past years. In 2022, 882 NEP participants in total were tested for HCV at the four NEPs; 179 (20%) were anti-HCV negative. Of those anti-HCV positive only 113 (16%) were still HCV RNA positive in their last sample in 2022, and at least 20% of them had started HCV treatment by the end of the year. Collaboration between ID clinics and addiction care enables HCV treatment at the >25 OAT clinics in the region. These units also form a network for provision of Take-Home Naloxone.

Conclusion and next steps:

Four well-functioning NEPs strategically located at ID clinics in Skåne Region provide efficient access to HCV treatment. Next steps towards HCV elimination include providing testing and linkage to care at the five prisons and other correctional health services. Thus, the collective levels of HCV viremia are expected to decline further, decreasing the risk of reinfection. To engage people who inject drugs (PWID) in HCV care, innovative models of care may be provided by a well-functioning NEP. Reinfections can thus be detected quickly and new treatment offered to the patient as well as to identified contacts.

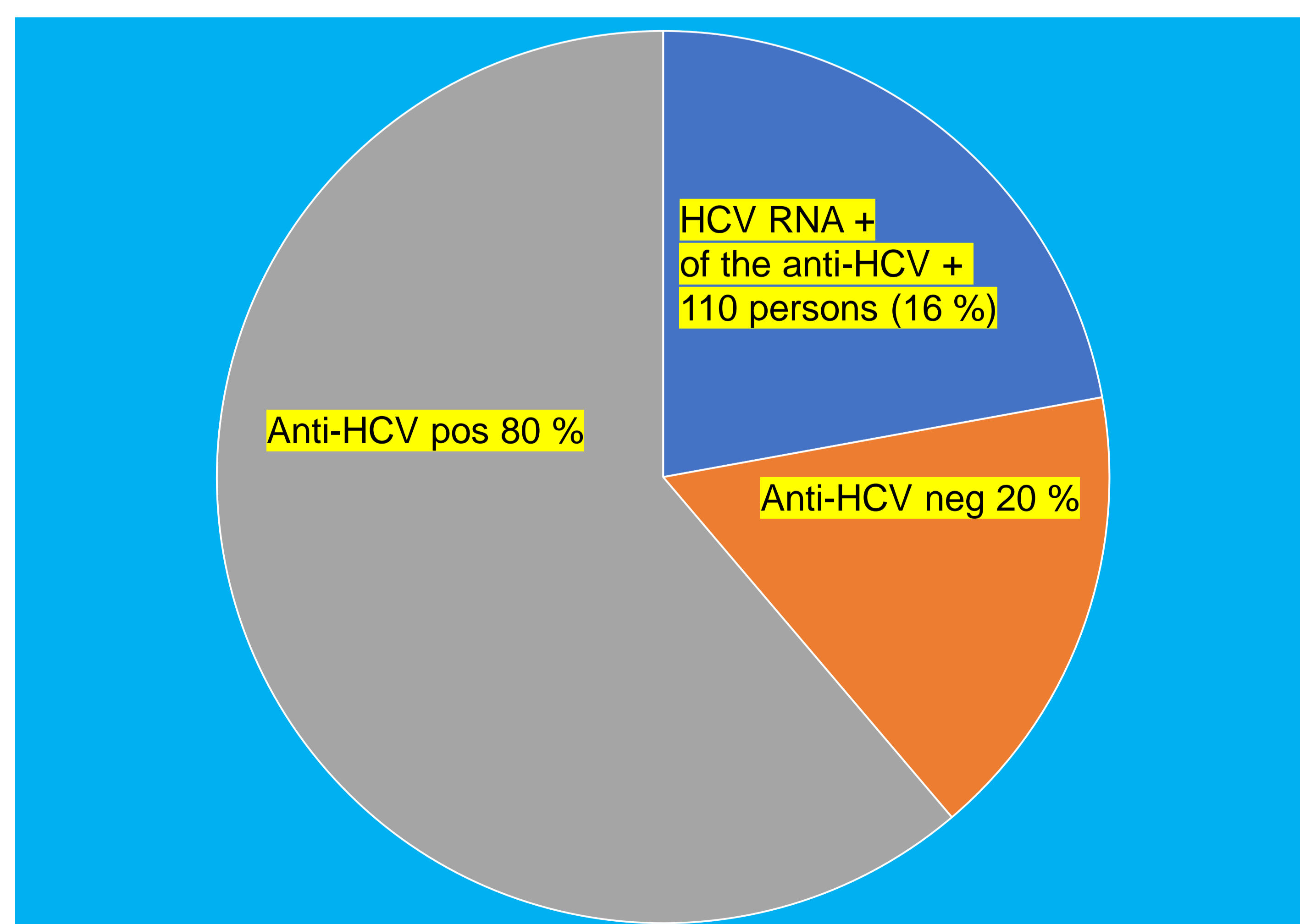
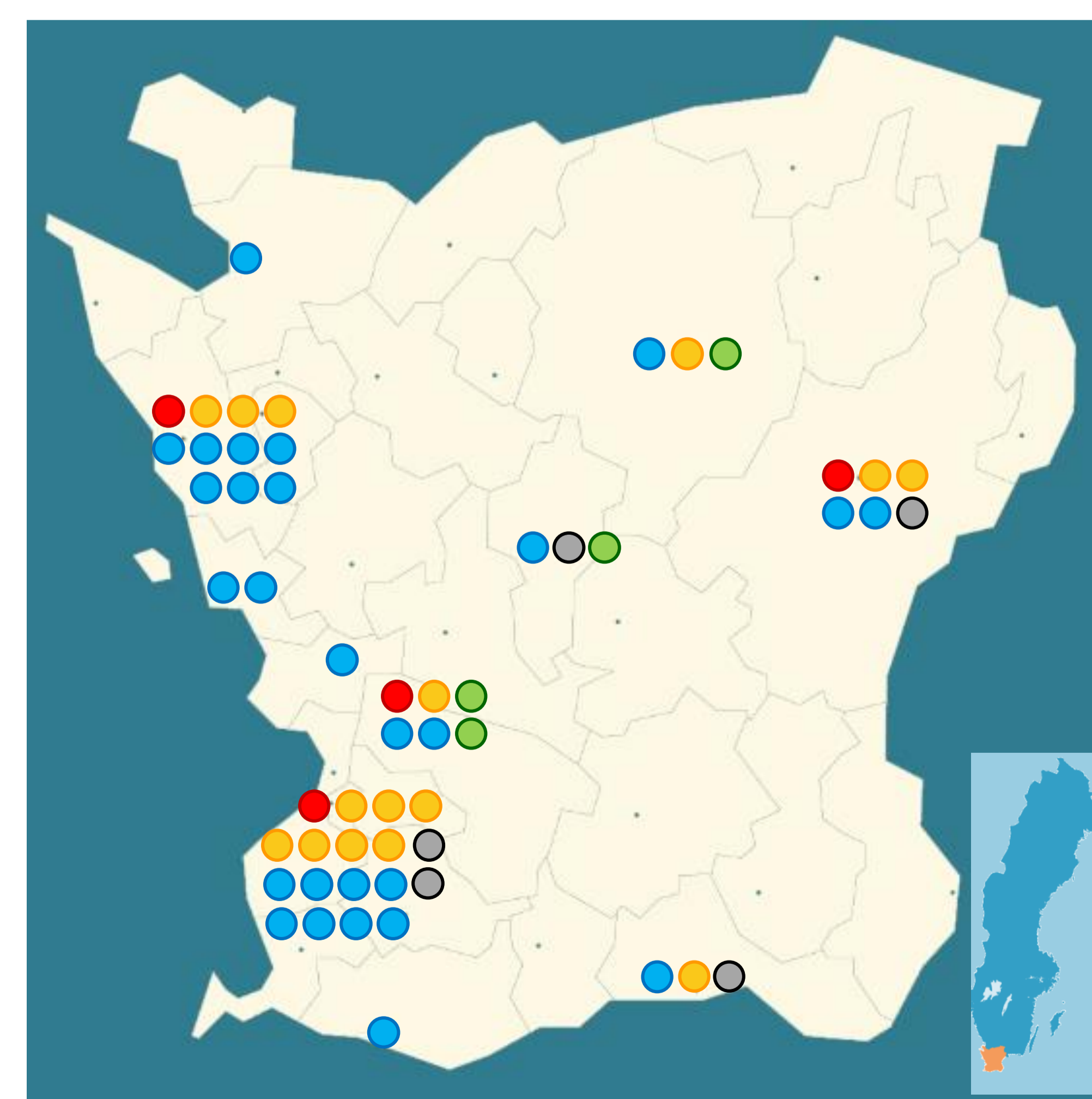


Figure 1. HCV prevalence at all 4 NEPs in Skåne in 2022 (n=880). After introduction of HCV treatment on site in 2018, HCV RNA prevalence has declined from > 50 % among the Anti-HCV positive participants to < 20 %.



Existing HCV platforms: NEPs at ID clinics ● OAT-clinics ●
Platforms to be established: Prisons ●
Addition care units ● Secure care act institutions SIS ●

