

Treatment of Hepatitis C (HCV) at an Opioid Agonist Therapy Clinic in Stockholm – Enhancing the HCV Continuum of Care

Klasa PE¹, Sandell M¹, Lillieborg I¹, Aleman S^{2,3}, Kåberg M^{4,5}

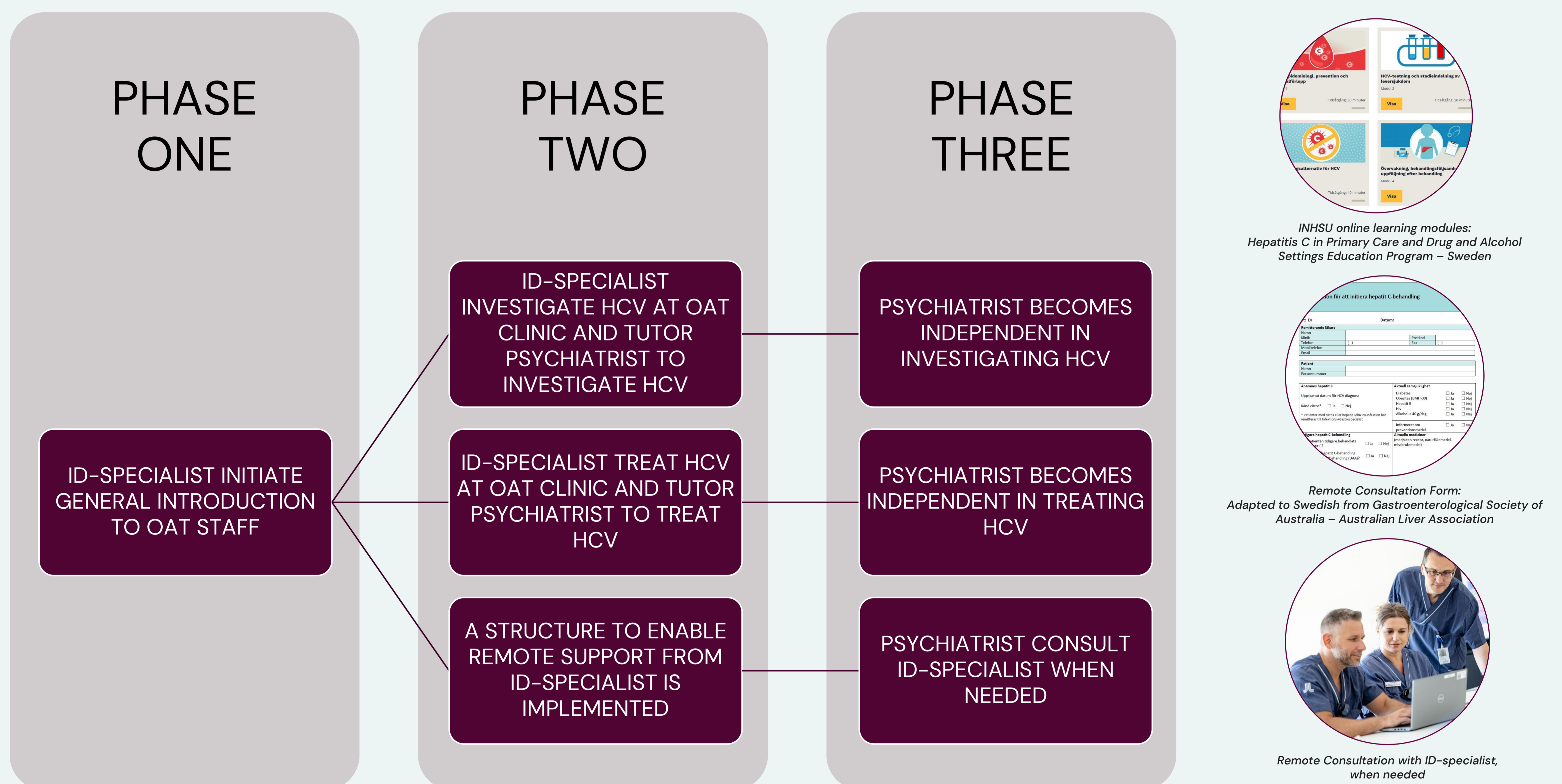
¹Prima Maria OAT Clinic, Stockholm Sweden, ²Department of Infectious Diseases, Karolinska University Hospital, Stockholm, Sweden, ³Department of Medicine Huddinge, Infectious Diseases, Karolinska Institutet, Stockholm, Sweden, ⁴Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden, ⁵Stockholm Centre for Dependency Disorders, Stockholm, Sweden

Background

People with opioid agonist therapy (OAT) and people who inject drugs (PWID) represent populations with an increased hepatitis C (HCV) prevalence. Recent studies provide strong evidence regarding effective HCV treatment outcomes and manageable levels of reinfection in these populations. Increased access to HCV care for people with OAT and PWID is essential to reach the WHO goal of eliminating HCV as a major public health threat by 2030.

Methods

The Maria OAT clinic, in Stockholm, provides OAT for approximately 500 patients. The majority have a history of injection drug use. In October 2017, psychiatrist-led HCV treatment was initiated, with remote consultation support from the local infectious diseases (ID) clinic. All OAT staff participated in HCV-specific education, including the INHSU open access on-line learning modules, to increase HCV awareness. To evaluate HCV treatment outcomes, we examined sustained virological response (SVR) and reinfection rates between January 2018 and December 2022.



Results

A total of 133 participants started HCV treatment through weekly administrations or directly observed treatment. 72% were men, and the overall mean age was 44.7 years. Six participants were retreated, giving a total of 139 treatment starts. All were HCV RNA negative at end of treatment, and 88% reached SVR. A total of 11 reinfections post SVR were noted, with a reinfection rate of 7.3/100 person-years (95% CI 4.1-12.9).

Discussion

Overall, successful HCV treatment results and a manageable level of reinfections were achieved. Bringing HCV diagnostics and treatment to an OAT clinic constitutes a good example of enhancing the HCV continuum of care. Furthermore, HCV treatment education for psychiatrists, addiction specialists and staff at OAT clinics makes HCV care more sustainable. This successful model of care, introducing HCV treatment by psychiatrists on-site at OAT clinics, has now been further implemented at other OAT clinics in Stockholm.

Acknowledgement This study was partly funded by Gilead Nordic Fellowship 2020. The funders had no role in study design, data collection and analysis, decision to publish or preparation of the abstract or poster.



Martin Kåberg, MD, PhD

Senior Consultant Medical supervisor for the Stockholm Needle Syringe Programs, Head of the Addiction Emergency Department and Inpatient Wards at the Stockholm Centre for Dependency Disorders

Senior researcher at Karolinska Institutet, Department of Global Public Health

Email: martin.kaberg@ki.se



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