

INTERIM RESULTS OF AN AUSTRIAN HCV-MICROELIMINATION PROJECT TO INCREASE SCREENING AND LINKAGE TO CARE IN PWID IN VIENNA

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Background: In Vienna there are about 6.500 PWIDs on opioid substitution therapy (OST). Our aim was to eliminate HCV in this population by a combined screen-and-treat strategy.

Methods: Study part 1: A considerable subgroup of PWIDs with HCV are reluctant to attend tertiary care centers. Next to poor adherence, they are unlikely to maintain a regular drug intake if provided with DAAs for self-administration. Therefore, HCV treatment was performed as “directly observed therapy” (DOT) since 2014: Patients received DAA together with OST under supervision of medical staff at a pharmacy or low-threshold facility.

Study part 2: In Vienna, every PWID on OST has to renew her/his long-term OST prescription at one of nine health authority centers once a month. At these centers all PWIDs are offered saliva-based testing for anti-HCV antibodies (OraQuick®) - followed by HCV-RNA PCR in case of a positive anti-HCV(+) result. HCV-RNA(+) PWIDs are then referred to a low-threshold facility for initiation of DAA therapy.

Results: Study part 1: Using the concept of DOT adherence to therapy was excellent: Only 0.1% of scheduled dates for DAA intake together with OST were missed. So far, 232 of 233 (99.6%) PWID who finished treatment and 12 weeks of follow-up have achieved sustained virologic response (SVR12). During further follow-up reinfection was recorded in 15/232 (6.5%) patients.

Study part 2: Screening at health authority centers was well accepted. During the first month of the project 381 PWIDs were included: 177/381 (46.5%) showed anti-HCV(+) and 69/381 (18.1%) were viremic.

Conclusion: The concept of DOT is highly effective in PWIDs on OST with a high risk of non-adherence to DAA therapy. HCV-Screening of PWIDs at public institutions is well accepted and has the potential to identify a considerable number of unknown HCV cases.

Disclosure of Interested Statement: Part of this work was supported by Gilead Sciences