

## **HCV REINFECTION RATE IN DRUG USERS WHO RECEIVED DAA THROUGH DECENTRALIZED HCV CARE PROVIDED IN TWO HARM REDUCTION SERVICES IN MILAN, ITALY**

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### **Background**

Most of Harm Reduction Service (HRS) users represent a crucial high-risk population for blood borne infections, including HCV. With the advent of new direct antiviral agents (DAAs), HCV micro-elimination in this setting has become feasible. We evaluated HCV test & treatment cascade and the post treatment reinfection rate in two HRSs located in Milan.

### **Description of model of care/intervention**

Applying a patient centred approach, from the January 1, 2019, we decentralized HCV specialised care in two HRSs located in Milan and launched an HCV test & treatment intervention for all the PWUD accessing the services. Between June and October 2021 we assessed the rate of infections in those who had resolved the infection through DAA for at least 6 months.

### **Effectiveness**

A total of 918 HRS users (759 males, 159 females) were included (median age: 48). The 28% of the users reported current or prior judiciary problems and the 21% were receiving treatment for psychiatric conditions. The majority reported consuming mainly heroin (71%), followed by cocaine (21%), THC (5%) and other substances (3%).

HCV serological screening resulted HCVAb positive in 497/916 (54%), of whom 416 (84%) were tested for HCV RNA. Among them 212/416 (53%) were positive.

Among HCV RNA positive 194/212 (92%) were initiated on DAAs treatment. Compliance to treatment was high; 2 treatment failure were registered. We tested for HCV RNA 161 of those who received DAA and cleared the infection, among them 4 (3%) were positive.

### **Conclusion and next steps**

Our study demonstrate that it is feasible to achieve good efficacy and compliance for HCV treatment among people who use drugs when decentralising treatment to HRS. To achieve the viral hepatitis elimination agenda goals, HRS-based model of treatment provision needs to be implemented at larger scale. Moreover, it is important to implement tailored harm reduction interventions to prevent re-infection.

### **Disclosure of Interest Statement**

No pharmaceutical grants were received in the development of this study. The authors have no conflicts of interest to disclose.