INTERIM RESULTS OF AN ONGOING PROJECT TO ELIMINATE CHRONIC HEPATITIS C IN PEOPLE WHO INJECT DRUGS (PWID) WITH ONGOING INTRAVENOUS DRUG USE AND A HIGH RISK OF NON-ADHERENCE TO DIRECT-ACTING ANTIVIRALS (DAA) IN VIENNA

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Background: A subgroup of people who inject drugs (PWID) receiving opioid agonist therapy (OAT) cannot be treated at hepatological centers. In these patients, chronic hepatitis C might ideally be managed at low-threshold facilities and if direct-acting antivirals (DAA) were administered together with OAT.

Method: 300 PWID on stable OAT with chronic hepatitis C and high risk for non-adherence to DAA-therapy (male/female: 228/72; mean age: 38.0 ± 8.3 years; genotype (GT) 1/2/3/4: 178/3/109/7 (unknown: n=3); HIV-coinfection: n=18; liver cirrhosis: n=60) started antiviral treatment. Patients received antiviral therapy together with OAT under direct observation of a pharmacist, physician or nurse at a pharmacy or low-threshold facility. The DAA-regimen was selected according to GT, fibrosis stage, pretreatment and current reimbursement policy of insurances.

Results: Following this concept, adherence to therapy was excellent: Only 0.15% of scheduled dates for ingestion were missed by the 300 patients. Till now, 214 patients have completed treatment and a 12-week follow-up period. Virological cure of hepatitis C infection (SVR12) could be confirmed in 213/214 patients (SVR12 rate: 99.5%; 95% CI: 97.3-99.9). One patient died 8 weeks after end of therapy for reasons not related to treatment. During follow-up, reinfections occured in 12/214 (5.6%) patients. The cumulative rate of reinfection 24 and 48 weeks after end of therapy was 5.3% and 9.5%, respectively.

Conclusion: Directly observed therapy of chronic hepatitis C is highly effective in PWID with ongoing intravenous drug use and a high risk for non-adherence to DAA. By this concept, a group of difficult-to-treat patients can be cured, who could not have been treated in settings of studies published so far.

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