REINFECTIONS AFTER HEPATITIS C TREATMENT AT A SWEDISH NEEDLE EXCHANGE PROGRAM – FOLLOW-UP ON THE ACTIONNE STUDY

Authors:
Jerkeman A[1], Bråbäck M[2], Alsterberg S[1], Alanko Blomé M[1]

[1]Department of Infectious Diseases, Skåne University Hospital, Malmö, Sweden, Lund University, Department of Clinical Sciences, Section for Infectious Diseases, Malmö, Sweden.
[2]Addiction Center Malmö, Division of Psychiatry, Sweden, Lund University, Faculty of Medicine, Department of Clinical Sciences Lund, Psychiatry, Lund, Sweden.

Background:
The Malmö needle exchange program (MNEP) was identified as a potential platform for comprehensive hepatitis C (HCV) management. The MNEP reaches 600 annual participants (over 5200 persons since the start in 1987).

Description of model of care/intervention:
Fifty actively injecting MNEP participants with HCV were enrolled between April 2018 and May 2019 for treatment with a fixed-dose combination of once-daily glecaprevir/pibrentasvir for 8 or 12 weeks. Patients were monitored weekly during treatment with collection of data on adherence and side effects. Viral load was measured on regular intervals prior to, during and after treatment, the primary endpoint being SVR12. Patients will be monitored for reinfections for 5 years post-treatment and assessed by ID- and addiction care specialists throughout the follow-up period.

Effectiveness:
The majority, 47/50 (94%) patients completed treatment. 45/50 were HCV RNA negative at 12 weeks post treatment. Two patients were HCV RNA negative already after one week of treatment, 6 more after two weeks. In total, 25/45 (56 %) were RNA negative after 4 weeks of treatment. The SVR12 rate per ITT was 90% and per protocol 96%. The mean adherence per week, according to pill count, was 98%. During the follow-up period so far (Q1 2022), 8 re-infections have been identified (all male), corresponding to 9,5 cases/100 person years under risk. Two patients received treatment and reached SVR12 for the second time. Two patients achieved spontaneous viral clearance. One patient has ongoing treatment, while two are awaiting treatment start. One viremic patient is under institutionalized care and should be assessed for treatment.

Conclusion and next steps:
To engage people who inject drugs (PWID) in HCV care, innovative models of care may be provided by a well-equipped NEP. Reinfections can thus be detected quickly and new treatment offered to the patient as well as identified contacts.

Disclosure of Interest Statement:
AbbVie has generously provided medication for the Actionne-study, but has no impact on the study performance, data collection nor analysis, publications and presentations.