HCV MICROELIMINATION ENHANCED BY A NETWORK CONNECTING ALL DETOXIFICATION AND SUBSTITUTION PROGRAMS WITH AN EXPERTIZED HEPATOLOGY CLINIC IN NORTHEN GREECE

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Background
Microelimination projects among PWIDs seem to be the key to HCV elimination worldwide. We present data from a Network which connects Detoxification and Substitution Programs with an expertized Hepatology Clinic, in Northen Greece.

Methods
We included active or ex- intravenous drug users, followed in detoxification or substitution programs. The clinic is operated weekly in a major hospital by an addictonist from the National Substitution Organization against Drugs (OKANA), under the umbrella of the clinic's hepatologist. The appointments are arranged between the programs managers and the addictionist, after telephone contact. Patients are often accompanied by the detoxification supervisor. All patients were treated with DAAs, according to the Greek National Guidelines for HCV treatment.

Results
347 patients, [308/347 males (88.76%), age 43years (79±10)] were included. 288/347 (82.293%) were HCV RNA (+). HCV genotype distribution was 1α:18.40%, 1b:11.11%, 2:4.86%, 3α:57.29%, 4:8.33%.198/288 (68.75%) were receiving substitution therapy [buprenorphine:162/288 (56,25%), methadone:36/288 (12.50%)], 61/288 (21.18%) were in other detoxification programs without substitution treatment and 29/288 (10.07%) were not participating in any program. 238/288 (82.64%) initiated treatment with DAAs. The DAA regimens were sofosbuvir/velpatasvir: 42.18%, sofosbuvir/velpatasvir+ribavirin: 6.3%, sofosbuvir/ledipasvir: 7.14%, sofosbuvir/ledipasvir+ribavirin:0.84%, sofosbuvir+daclatasvir:2.10%, sofosbuvir+daclatasvir+ribavirin:2.94%, paritaprevir/ritonavir/ombitasvir+ribavirin:2.94%, paritaprevir/ritonavir/ombitasvir+dasabuvir:1.26%, paritaprevir/ritonavir/ombitasvir+dasabuvir+ribavirin:3.78%, grazoprevir/elbasvir:17.39%, glecaprevir+pibrentasvir:16.13%.175/238 (73.5%) completed therapy, 50/238 (21.01%) are still on treatment and 13/238 (5.46%) discontinued prematurely. SVR12 rate for the first 121/175 patients who completed post-treatment follow-up was 98.35% (119/121). 16/175 (9.14%), although expected, have not yet been examined for SVR. 63/288 patients (21.88%) were lost to follow up: 50/288 (17.36%) did not initiate DAAs treatment due to illness, imprisonment, long distance from hospital, other priorities or indifference and 13/288 (4.51%) discontinued treatment.

Conclusion
Network connections between Detoxification and Substitution Programs with expertized

hepatology clinics, under the collaboration of hepatologists and addictionists, show excellent efficacy and high compliance in PWIDs Treatment of hepatitis C with DAAs.

Disclosure of Interest Statement: Nothing to disclose