

A MODEL OF CARE TO MICRO-ELIMINATE HEPATITIS C IN PWID MANAGED AT A LOW-THRESHOLD PROGRAM IN SLOVENIA

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Background:

Although therapy with direct-acting antivirals (DAAs) made elimination of hepatitis C possible, challenges remain in treating people who inject drugs (PWID) enrolled in low-threshold programs (LTP), where improvements in hepatitis C virus (HCV) screening, linkage-to-care, and treatment are needed. Our aim was to analyse a model-of-care (MoC) to achieve HCV micro-elimination in LTP in Slovenia, where HCV treatment is centralized at six HCV centers.

Description of model of care/intervention:

In 2017, SVIT Koper, a non-governmental organization (NGO) providing harm reduction-focused LTP for PWID with needle/syringe programmes, counseling, and social/medical assistance, initiated cooperation with Clinic for Infectious Diseases in Ljubljana, the nearest HCV center 100 km away. The MoC addressed this barrier by arranging regular transportation of PWID to HCV center, where dedicated physician provides a cascade of HCV care and directly communicates with NGO staff, which provide support before/during HCV treatment and follow-up. The medical records were obtained and analysed retrospectively.

Effectiveness:

By December 2022, 51 were screened for HCV, 49/51 (96%) were anti-HCV positive, 41/49 (84%) were HCV RNA-positive. 8/49 (16%) spontaneously resolved HCV; however, one of them (1/8, 12%) had re-infection and died before treatment. 36/41 (88%) chronically infected started DAAs, 3/41 (7%) were lost to follow-up (LFU), 2/41 (5%) were prepared for DAAs. Of 36 treated, 32/36 (91%) completed treatment, one died during treatment, one ended treatment prematurely and two were currently on DAAs. Overall, 5/32 (16%) were HCV RNA-negative at treatment completion and LTF, whereas 28/32 (85%) achieved a sustained virological response (SVR). Of them, 3/28 (11%) died after SVR12 and 6/28 (21%) had re-infection; of them, 2/6 (33%) already completed HCV re-treatment, 3/6 (33%) were prepared for DAA, and 1/6 (20%) died before HCV re-treatment.

Conclusion and next steps:

Although this MoC focusing on PWID is effective in achieving HCV micro-elimination, regular HCV screening due to high risk of re-infection after SVR must be continued.

Disclosure of Interest Statement:
 No conflicts of interest to declare.

