

LATE PRESENTATION OF CHRONIC HEPATITIS C IN A SWISS COHORT OF PEOPLE ON OPIOID AGONIST THERAPY

Moriggia A^{1,2}, Bregenzer A³, Bruggmann P⁴, Castro E⁵, Della Santa P⁶, Hensel-Koch K⁷, Thurnheer C⁸, Scheidegger C⁹

1 Ingrado Servizi per le Dipendenze, Lugano

2 Epatocentro Ticino SA, Lugano

3 Division of Infectious Diseases and Hospital Epidemiology, Cantonal Hospital, Aarau

4 Arud Centre for Addiction Medicine, Zurich

5 Private Practice, Lausanne

6 Fondation Phénix, Geneva

7 Stiftung Suchthilfe, St. Gallen

8 Department of Infectious Diseases, University Hospital, Bern

9 Private Practice, Basel

Background:

HCV Late Presenters (LP) are individuals HCV diagnosed at an already advanced stage of liver disease. Their number in a certain population could be an indicator of progress in hepatitis care and HCV elimination.

Methods:

This study was conducted in the SAMMSU cohort enrolling patients on opioid agonist therapy (OAT) in Switzerland. HCV late presentation was defined as having an advanced liver disease stage (\geq F3, liver stiffness >9.5 kPa on elastography) at the HCV first diagnosis. We considered the time period from 2017 onwards, when access to Direct-acting antiviral (DAA) treatment in Switzerland became unrestricted.

Results:

Of 59 patients with HCV first diagnosis between 2017 and 2021, nobody was HIV-co-infected and 40 (68%) had chronic hepatitis C. Among the 34 patients with known fibrosis stage, 21 (62%) had no/mild fibrosis (F0/F1), while 6 (18%) were considered LP (one F3/five F4). More than two-thirds of newly diagnosed patients (40) had never been HCV-tested before. Among those tested before, the last negative test was >1 year ago in 58% (11) and >2 years ago in 42% (8). 16 patients were diagnosed with an HCV-antibody rapid test with capillary blood (15) or saliva (1). The median time between first intravenous drug use (which is a proxy for the time of HCV infection) and HCV first diagnosis was 16 (IQR: 5-26) years ($n=44$), with only 27% diagnosed during the first 5 years. Once diagnosed, patients were promptly and successfully treated (treatment uptake 83% (33/40), SVR 100% (30/30)).

Conclusion:

In our cohort of OAT patients, one in five newly diagnosed chronic hepatitis C patients was a late presenter, highlighting insufficient HCV screening despite clear guidelines and unrestricted DAA access. Lack of diagnosis is still a main barrier to HCV elimination and needs to be addressed. However, once diagnosed, the time to cure has become short.

Disclosure of Interest Statement:

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