

A MODEL OF CARE FOR PEOPLE ATTENDING DRUG TREATMENT CENTERS AIMING AT HEPATITIS C ELIMINATION BY 2022.

A PART OF THE C- FREE SOUTH STRATEGY

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Introduction

The region of Southern Denmark (RSD) has a population of 1.2 mill, and estimated 0,3% hepatitis C (HCV) infected (3500 patients). Treatment for all HCV patients without restrictions and free of cost were implemented November 2018. As part of an elimination program for HCV in the region a model of care was developed to assure large scale testing and treatment of people who use drugs (PWUD) attending drug treatment centers (DTC). In Denmark HCV treatment has mainly been hospital based with low treatment coverage of PWUD. DTC are financed by the municipalities. Opioid substitution therapy (OST) is provided for free.

Aim

Aim of the elimination program is to attain the WHO goal of 90% diagnosed and 80% treated of PWUD attending DTC within 2022

Method

At a population level it is a “Test and Treat strategy” based on an existing model used at two DTC (Odense and Svendborg) in RSD. The model provides the full cascade of care; test either with dried blood spot or venous blood testing according to availability, blood work for treatment evaluation, assessment of liver fibrosis by Fibroscan®, consultation by infectious disease physician and HCV treatment at the DTC. When extended to the remaining 13 DTC in RSD (figure 1); it will provide care for an estimated 3000 PWUD. The elimination campaign is implemented one center at a time with an intensive test (two months) and subsequent treatment period (one month) at each center (figure 2). The risk of re-infection is likely reduced by treating all infected at the same time in each center.

Denmark

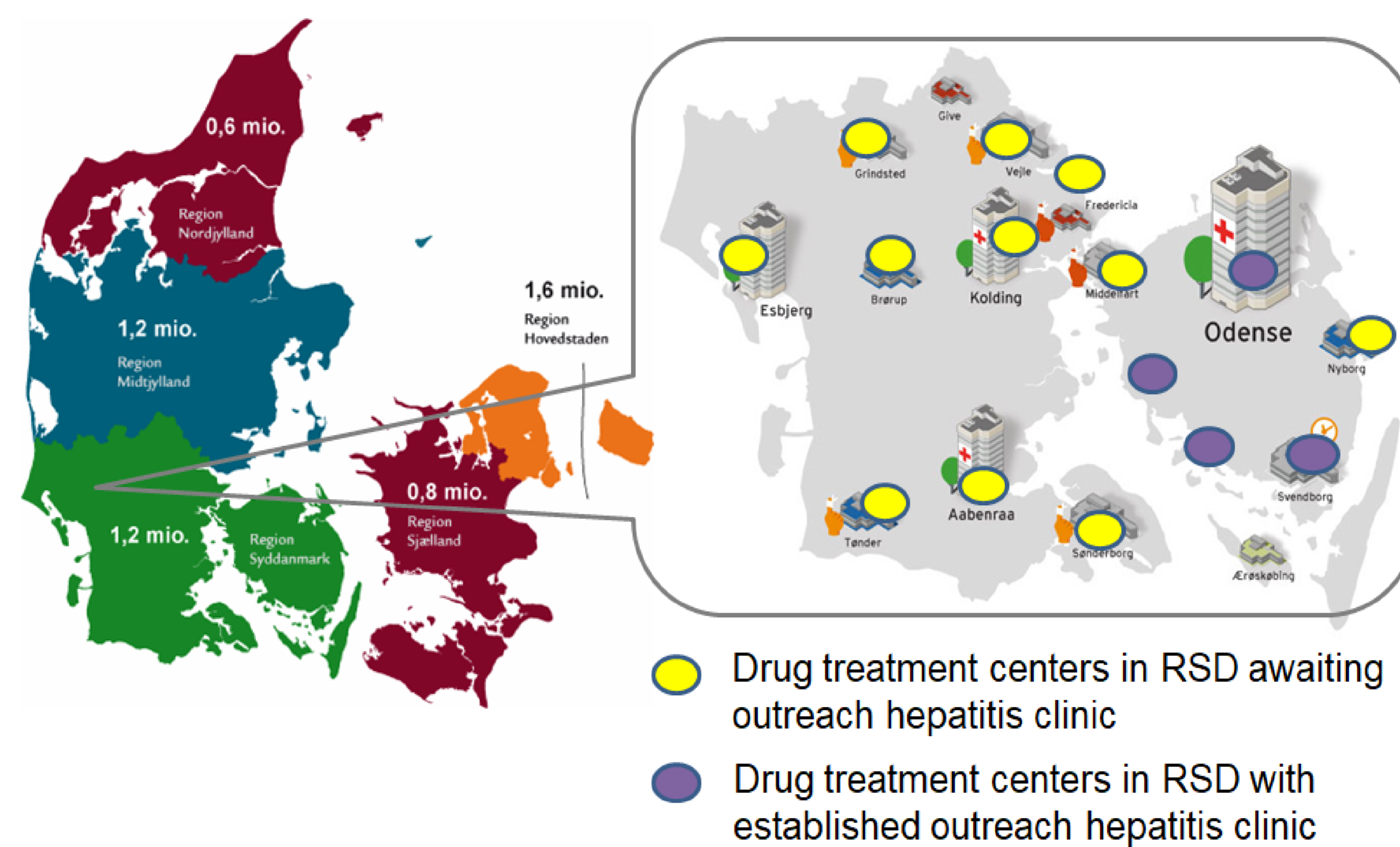


Figure 1. Overview of drug treatment centers in RSD

Intervention- Model of care

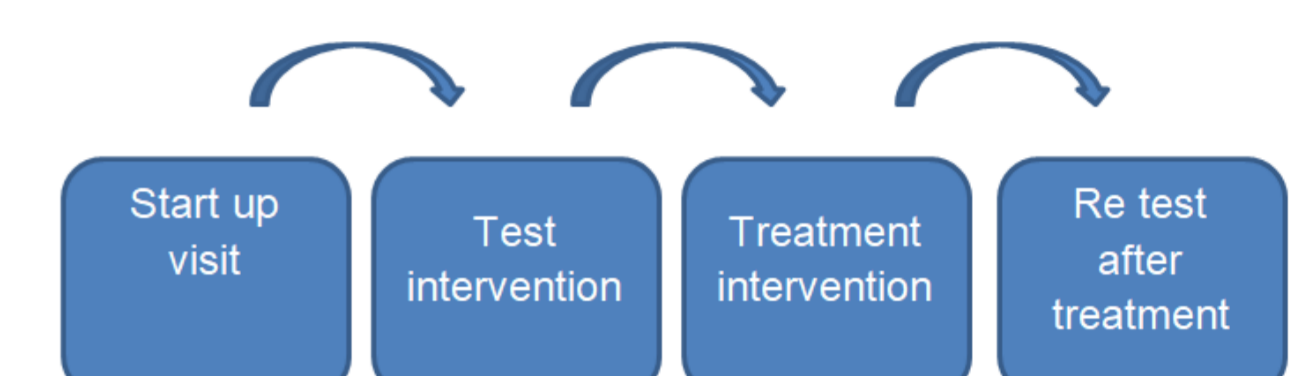


Figure 2. Flow diagram of the intervention model in each DTC

Results

The program commenced in March 2019. Until now four out of 15 DTC covering 554 PWUD on OST have had a treatment intervention period (figure 3). Test uptake in these four DTC is 75% (n=413). HCV prevalence in the four DTC in total is 37% (n=153). Treatment uptake 59% (n=91). 25% are evaluated for treatment and 16% have not been evaluated yet. HCV RNA positive patients 3% (n=4) who have been assessed to be too ill or have other issues which needs to be addressed before treatment are counted in the group evaluated for treatment.

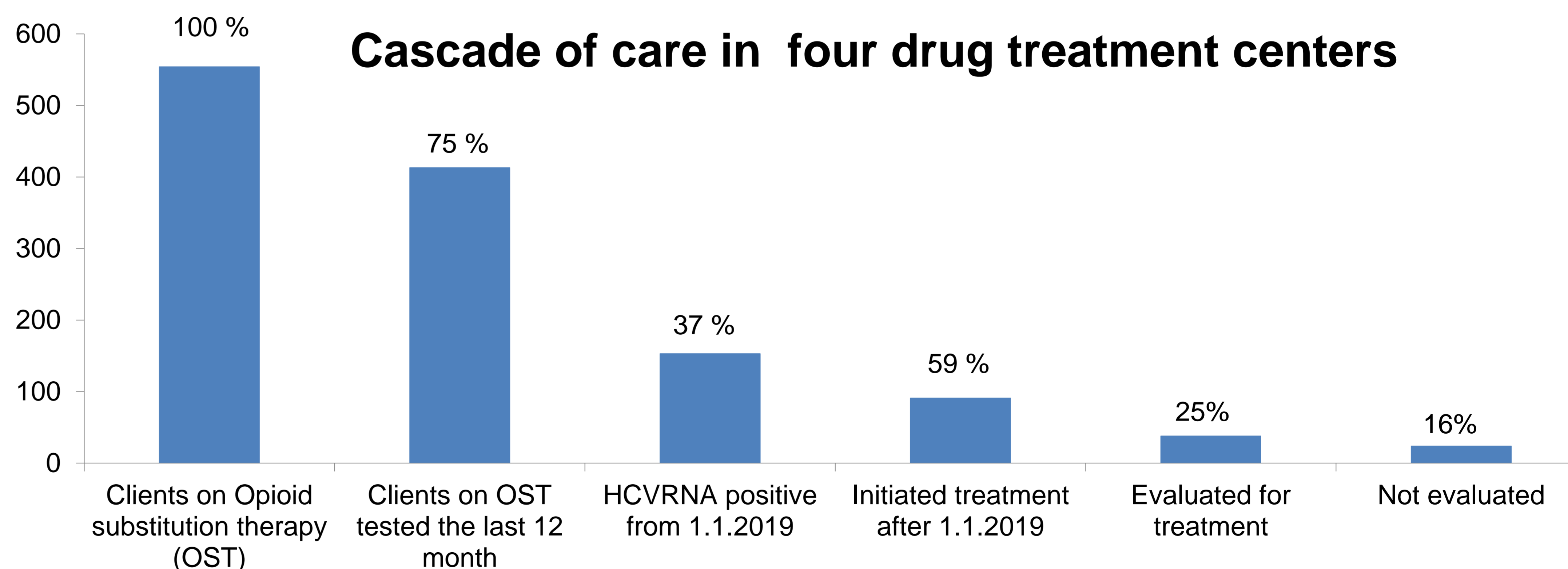


Figure 3. Test uptake, HCV prevalence and treatment uptake in four different DTC

Conclusion

Preliminary results suggest that the majority of PWUD on OST attending a DTC can be engaged in treatment during a focused campaign. Until now we have not been able to reach the WHO goals in any center, but believe this will be achieved within the next 2-3 years with ongoing interventions. It remains to be proven if this sequential model can stop reinfection in the PWUD population.