

INHSU 2018

7th International Symposium on Hepatitis Care in Substance Users Lisbon, Portugal 19 - 21 September 2018 www.inhsu2018.com



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Symposium Handbook







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INTERNET HUB INFO & WIFI

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- Print a certificate of attendance
- View the delegate list



Wireless internet is available for the duration of the Symposium. Log in details can be obtained from the registration desk. The internet hub and wireless internet access for the 7th International Symposium on Hepatitis Care in Substance Use has been proudly sponsored by AbbVie.

WEDN	NESDAY: POLICY AND EPIDEMIOLOGY
07:00	Registration
08.30 - 10.00	Opening Ceremony and Session A: How do we Work Together to Achieve HCV Elimination Among People who Inject Drugs?
	Room: Sala I + II Chairs: Rui Tato Marinho, Hospital Santa Maria; Medical School of Lisbon; Portuguese Society of Gastroenterology, Portugal; Jeffrey Lazarus, ISGlobal; Hospital Clínic; University of Barcelona, Spain; Ricardo Baptista Leite, Member of Parliament, Portuguese National Parliament, Portugal; Luís Mendão, GAT, Portugal
08:30 - 08:45	Welcome to the Symposium
08.45 - 09.30	Policy Opening and Report from Policy Day Ricardo Baptista Leite, Member of Parliament, Portuguese National Parliament, Portugal
09.30 - 09.35	Opening from European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Alexis Goosdeel, European Monitoring Centre for Drugs and Drug Addiction, (EMCDDA), Portugal
09.35 - 09.45	Community Opening and Report from Community Summit Eberhard Schatz, Correlation Network, The Netherlands; Magda Ferreira, GAT, Portugal
09.45 - 09.55	Awards
09.55 - 10.00	International Journal of Drug Policy Tim Rhodes, London School of Hygeine and Tropical Medicine and Editor-in-Chief for the International Journal of Drug Policy, United Kingdom
10.00 - 10.30	Coffee Break and Poster Viewing
10.30 - 12.30	Session A continued Room: Sala I + II Chairs: Judy Chang, Daniel Simões & Margaret Hellard
10.30 - 10.50	Successes and Challenges of Drug Policy in Portugal: Decriminalization is not Enough João Goulão, General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), Portugal
10.50 - 11.10	What will it Take to Achieve the HCV Elimination Goals Among People who Inject Drugs? Annette Verster, World Health Organization, Switzerland
11.10 - 11.20	Questions & Discussion
11.20 - 11.30	Is it All They Said it Would Be? Drug Users Experience of Portuguese Decriminalisation Rui Miguel Coimbra Morais, Consumers Associated Survive Organised (CASO)
11.30 - 11.40	Rewriting the Policy Narrative: Hepatitis C and a Right to Health James Dunne, Australian Injecting & Illicit Drug Users League (AIVL), Vienna

WEDNESDAY: POLICY AND EPIDEMIOLOGY								
11.40 - 12.00	Panel Disussion: Humanising Efforts to Reach People who Inject Drugs: Decriminalisation, Rights, and Health Panellists: Rui Miguel Coimbra Morais, Consumers Associated Survive Organised (CASO), Portugal; James Dunne, Australian Injecting & Illicit Drug Users League (AIVL), Vienna; Jude Byrne, Australian Injecting & Illicit Drug Users League (AIVL), Australia; João Goulão, General- Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), Portugal							
12.00 - 12.15	Living with HIV/Hepatit	is C Co-Ir	curring High Risk Behavio nfection in Melbourne, Au Burnet Institute, Australia		ng Gay and Bisexual Men			
12.15 - 12.30		of Clinica	vention of HCV Transmiss Illy-Indicated and Patient ité De Montréal, Canada					
12.30 - 14.00	Lunch and Poster Viewir	ıg						
12.45 - 13.45	Lunch Symposium: Shap Room: Sala +	oing Tom	orrow Together: Insights	from Exp	erience			
14.00 - 15.15	Session B: Epidemiology of HCV Infection	14.00 - 15.15	Session C: Efforts to Enhance HCV Diagnosis and Testing	14.00 - 15.15	Session D: Models of Care for HCV Infection			
	Room: Sala XII + XIII Chairs: Jennifer Havens & Vivian Hope		Room: Sala II Chairs: Jude Byrne & Ryan Westergaard		Room: Sala I Chairs: Mojca Matičič & Filipe Calinas			
14.00 - 14.15	Estimating the Number of People who Inject Drugs in Athens, Greece: Implications for the Burden of Hepatitis C Infection and the Coverage of Harm Reduction Programs Sotirios Roussos, University Of Athens, Greece	14.00 - 14.15	Client and Staff Perspectives on Point-of-Care Hepatitis C Testing for People Attending Needle Syringe Programs Ned Latham, Burnet Institute, Australia	14.00 - 14.15	Community Outreach Events - Engaging the Disengaged Julie Holeksa, Vancouver Infectious Diseases Centre, Canada			
14.15 - 14.30	Increased Risk of Hepatitis-C Virus and Skin and Soft Tissue Infection Among People Who Inject Novel Psychoactive Substances Andrew McAuley, Glasgow Caledonian University, United Kingdom	14.15 - 14.30	Factors Associated with HCV Testing Among People who Inject Drugs in an Urban Setting in Vietnam Giang Le, Hanoi Medical University, Vietnam	14.15 - 14.30	The Kombi Clinic Driving Out Hep C in South East Queensland Disenfranchised Communities Joss O'Loan, Kombi Clinic, Australia			

WEDN	IESDAY: POLICY AN	ID EPID	EMIOLOGY		
	Session B		Session C		Session D
14.30 - 14.45	Combined Coverage of Harm Reduction Interventions and Rates of Primary and Recurrent HCV Infection in a Community-Based Cohort of People Who Inject Drugs Nanor Minoyan, Université De Montréal, Canada	14.30 - 14.45	Hepcatt (Hepatitis C Assessment To Treatment Trial) in Primary Care: A Cluster RCT of Whether a Complex Intervention Based on Risk Prediction Algorithm Tool and Education Can Increase Testing and Diagnosis of HCV in Primary Care Matthew Hickman, Population Health Sciences, Bristol Medical School, United Kingdom	14.30 - 14.45	Hepatitis C Screening and Linkage to Care at Four New York City Syringe Exchange Programs Nirah Johnson, NYC Department Of Health And Mental Hygiene, United States
14.45 - 14.50	Exposing the Need for Viral Hepatitis C Services for People who Inject Drugs in South Africa: Findings from a Three-City Cross Sectional Survey Andrew Scheibe, TB HIV Care, South Africa	14.45 - 14.50	Linking Hepatitis C Infection People who Inject Drugs to Treatment and Care, South Africa Angela McBride, Out Well-being, Harmless Project, South Africa	14.45 - 14.50	An Onsite Primary Care Based Approach Allows Rapid Reduction of Hepatitis C Prevalence in Prison. A Case Study From Canberra, Australia Michael Levy, ACT Justice Health Service, Australia
14.50 - 14.55	Increase in HCV Prevalence Among People who Inject Drugs in Ukraine Tetiana Saliuk, Alliance For Public Health, Ukraine	14.50 - 14.55	High Prevalence of Current and Past Hepatitis C Virus Infections Among New Injectors Found in a Cross-Sectional Study in Germany, 2011-2014: Missed Opportunities for Counselling and Testing Julia Enkelmann, Robert Koch Institute, Germany	14.50 - 14.55	The Road to Hepatitis C Elimination: A Change in Care Pathway Increases Access to Hepatitis C Treatment for People on Opiate Substitution Therapy Brian Stephens, NHS Tayside, United Kingdom
14.55 - 15.00	Factors Associated with Hepatitis C in HIV Positive Men who Have Sex with Men Pablo Ryan, Infanta Leonor Hospital, Spain	14.55 - 15.00	The National Stigma Indicator Project: Key Findings and Lessons Regarding People Living with HCV and People who Inject Drugs Carla Treloar, University of New South Wales, Australia	14.55 - 15.00	Implementation of Routine HIV/HCV Screening and Linkage to Care in the Idea Exchange; Miami, FI Tyler Bartholomew, Universtiy of Miami, United States

WEDN	WEDNESDAY: POLICY AND EPIDEMIOLOGY							
15.00 - 15.05	Correlations Between Injecting Frequency and Housing Stability Trajectories Evolving Concomitantly Over One Year: Results from a Cohort Study of People who Inject Drugs in Montréal, Canada Emmanuel Fortier, CHUM Research Centre, Canada	15.00 - 15.05	Despite High Risk Behaviors, Including Chemsex, Barriers Exist for HCV Testing in MSM Throughout India Brianna Norton, Montefiore Medical Center, United States	15.00 - 15.05	A Community-Based Model of Peer-Led Anonymous Rapid Hepatitis C (HCV) Testing for People who Inject Drugs (PWIDs) in Mauritius Arnaud Nicolas Patrick Manbode, PILS, Mauritius			
15.05 - 15.10	Housing Stability and Hepatitis C Infection for Young Adults who Inject Drugs: Examining the Effect of Consistent and Intermittent Housing Trajectories on Incident HCV Infection Meghan Morris, University Of California, San Francisco, United States	15.05 - 15.10	People who Inject Drugs have Inequitable Chance to be HCV Tested Iuliia Novak, ICF, Alliance for Public Health, Ukraine	15.05 - 15.10	A Responsive Model of Care Utilizing a Collaborative Nurse Practitioner and Peer Based Model of Care to Meet the Needs of Injecting Drug Users Leanne Myers, Peer Based Harm Reduction WA, Australia			
15.10 - 15.15	Attenuated Protective Effect of Opioid Agonist Therapy on Hepatitis C Incidence Among Females Kimberly Page, University Of New Mexico, United States	15.10 - 15.15	Hepatitis C Testing, Treatment Uptake and Sustained Virologic Response Among Gay and Bisexual Men with Hepatitis C and HIV Co-Infection in Melbourne, Australia Alisa Pedrana, Burnet Institute, Australia	15.10 - 15.15	Health Prevention Delegate: Visiting General Practitioners and Pharmacists in the Pyrénées Atlantiques Area (France) Cecilia Maitre, Resapsad, France			
15.15 - 16.15	: : : : : : Coffee Break & Poster Tour: Global & Public Health, Models of Care and Social Science							

WEDNESDAY: POLICY AND EPIDEMIOLOGY

16.15 -17.45 Session E: Informing Efforts to Eliminate HCV Infection Among People Who Inject Drugs 16.15 -17.45 Session F: Integration of HCV, Other Co-Infections and Harm Reduction Services (CHAFEA Sponsored Session) 16.15 -17.45

16.15 -

16.30

Session G: Monitoring HCV elimination among PWID (EMCDDA sponsored session)

Room: Sala I Chairs: Sarah Larney & Jennifer Havens Room: XII + XIII Chairs: Jean Luc Sion & Jeffrey Lazarus Room: Sala II Chairs: Jane Mounteney & Antons Mozalevskis





16.35 - Epidemiology of HCV 16.35 Infection Among People who Inject

Drugs: Where do we Really Need to Focus Our Efforts to Eliminate HCV Globally? Matthew Hickman.

Matthew Hickman, University of Bristol, United Kingdom 16.15 -16.20

16.20-

16.25

What Does the EU
Mean by "integrated"
Infectious Disease
Programmes and what
Policy Developments
have there Been to
Further this Agenda?
Jean Luc Sion, DG
SANTE, Portugal

Integration of HCV, Other Co-Infections and Harm Reduction Services for People

Who Inject Drugs in Portugal
João Goulão, General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD). Portugal

16.25-16.35

How do EU Agencies take an Integrated Approach to Hepatitis C Control

Dagmar Hedrich, European Monitoring Centre for Drugs and Drug Addiction, (EMCDDA), Portugal 1

European Monitoring Centre for Drugs and Drug Addiction

Monitoring the
Elimination of HCV as
a Public Health Threat
Among People who
Inject Drugs in the EU
Thomas Seyler,
EMCDDA, Portugal

WEDN	WEDNESDAY: POLICY AND EPIDEMIOLOGY							
	Session E:		Session F:		Session G:			
16.35 - 16.55	Will HCV Reinfection Compromise Our Elimination Efforts? Gregory Dore, The Kirby Institute, UNSW Sydney, Australia	16.35 - 16.45	Best Practice Model from a Czech Republic Prison Viktor Mravčík, National Monitoring Centre for Drugs and Addiction, Czech Republic	16.30 - 16.45	Model Projections of the Impact of HCV Treatment on Chronic HCV in European Settings Hannah Fraser, University of Bristol, United Kingdom			
		16.45 - 17.00	Transitioning Specialist HCV Services into the Community John (Jack) Lambert, Hep-CARE, United Kingdom; Alistair Story, E-DETECT, United Kingdom	16.45 - 17.00	HCV Elimination in Dutch People who use Drugs? The 5 Steps of the National Hepatitis Plan Esther Croes, Trimbos Instituut, Belgium			
16.55 - 17.15	Women Who Inject Drugs TBC	17.00 - 17.45	What Does Integration of Services for People who Inject Drugs Mean in Terms of Testing and Providing Treatment? How Does the Health Systems Need to Change to Better Integrate and can it? Can we Eliminate Hepatitis C Among People who Inject Drugs on Opioid	17.00 - 17.15	Towards HCV Elimination in People who Inject Drugs in Slovenia: How to Monitor a Real-Life Situation? Moica Maticic, University of Ljubljana, Ukraine			
17.15 - 17.45	Questions & Discussion		Substitution Therapy in the Near Future? Panellists: Jeffrey Lazarus, HA-REACT, Spain; John (Jack) Lambert, Hep-Care, INTEGRATE, United Kingdom; Alistair Story, E-DETECT TB, United	17.15 - 17.20	Progress and Challenges in Monitoring Elimination Among People who Inject Drugs Ruth Zimmermann, Robert Koch Institute Berlin, Germany			
			Kingdom, Raquel Duarte, Porto Integrated PWID Centre, Portugal; Viktor Mravčík, National Monitoring Centre for Drugs and Addiction, Czech Republic	17.20 - 17.45	Questions & Discussion			
17.45 - 19.00	Welcome Reception & P	oster Vie	wing					

THUR	SDAY: HCV DIAGNOSIS, LINKAGI	E TO C	ARE AND TREATMENT					
07.30	Registration							
08.00 - 08.45	Breakfast Symposium: A Personalised Approach to HCV Treatment: It's Not Just About the Virus Room: Sala +							
09.00 - 10.45	Session H: Enhancing the HCV Care Case	ade						
	Room: Sala I + II Chairs: Anne Øvrehus & Joseph Doyle							
09:00 - 09:20								
09:20 - 09:40	Strategies to Foster Task-shifting and Broaden Models of HCV Prevention and Care John Dillon, University of Dundee, United Kingdom							
09:40 - 10:00	Strategies to Facilitate Linkage to Care for People Who Inject Drugs in Low and Middle Income Countries Shruti Mehta, John Hopkins Bloomberg School of Public Health, United States							
10.00 - 10.15	Questions & Discussion							
10:15 - 10:30	Rural Risk Environment For Hepatitis C Among Young Adults Who Use Opioids In Appalachian Kentucky David Cloud, Emory University, Rollins School Of Public Health, United States							
10.30 - 10.45	Cost-Effectiveness Analysis of Testing Str People Who Inject Drugs in Resource-Co Léa Duchesne, Inserm, France		or Diagnosing Hepatitis C Virus Infection in Countries					
10.45 - 11.15	Coffee Break and Poster Viewing							
11.15 -	Session I: Workshops							
12.15	Room: Sala XIII		Room: Sala XII					
	Is it Cirrhosis? Is it Cancer? A Practical Guide Rui Tato Marinho,Hospital Santa Maria; Medical School of Lisbon; Portuguese Society of Gastroenterology, Portugal		Meaningful Patient And Public Involvement In HCV Research: A Focus On Peer Researchers Room: Sala XII Emma Hamilton, Scottish Drugs Forum, United Kingdom					

THUR	SDAY: HCV DIAGNOSIS, LINKAGE	TO C	ARE AND TREATMENT
11.15 - 12.15	Session J: Epidemiology, Modelling and Cost-Effectiveness	11.15 - 12.15	Session K: Addressing Gaps to Improve HCV Treatment Access
	Room: Sala II Chairs: Vana Sypsa & Natasha Martin		Room: Sala I Chairs: Tim Rhodes & Tessa Windelinckx
11.15 - 11.30	The Cost-Effectiveness of Undertaking HCV Treatment in Needle and Syringe Programmes in Tayside, Scotland Zoe Ward, University Of Bristol, United Kingdom	11.15 - 11.30	Do National HCV Policies in the EU Address Treatment and Care for People Who Inject Drugs? Stine Neilsen, Freelance, Spain
11.30 - 11.45	Modelling the Impact of Prevention and Treatment Interventions on HIV and Hepatitis C Virus Transmission Among People Who Inject Drugs in Nairobi Jack Stone, University Of Bristol, United Kingdom	11.30 - 11.45	Barriers and Facilitators of Hepatitis C (HCV) Treatment Initiation Among People Who Inject Drugs in the Era of New Direct Acting Antivirals Iuliia Makarenko, McGill University, Canada
11.45 - 12.00	Cost-Effectiveness of Scaling-Up Syringe Service Provision Among People Who Inject Drugs In Perry County, Kentucky Hannah Fraser, University Of Bristol, United Kingdom	11.45 - 12.00	W3 Framework: Understanding the Role And Quality of Peer Led Programs by People Who Inject Drugs in a National Hepatitis C Response Graham Brown, Australian Research Centre In Sex, Health And Society, La Trobe University, Australia
12.00 - 12.05	Estimation of the Number of People who Inject Drugs and Live With HIV and Viral Hepatitis Co-Infection in Ukraine Kostyantyn Dumchev, Ukrainian Institute on Public Health Policy, Ukraine		Knowledge Around Direct Acting Antiviral Therapies and Willingness to Undergo HCV Treatment Among Rural Appalachian Opioid Users Jennifer Havens, University Of Kentucky College Of Medicine, United States
12.05 - 12.10	The Results of HIV and HCV Prevention Program Among People Who Inject Drugs in Ukraine Tetiana Mykhalchuk, Alliance For Public Health, Ukraine	12.05 - 12.10	Attitude of Staff Regarding Integrated Hepatitis C Treatment at Eight Harm Reducation Centers in Georgia Lasha Gulbiani, Health Research Union, Georgia
12.10 - 12.15	A Cost-Effective Strategy to Reach the WHO Hepatitis C Virus (HCV) Elimination Target in Men Who Have Sex With Men in the UK: A 90% Decrease in Hepatitis C Incidence By 2030 Peter Vickerman, University of Bristol, United Kingdom	12.10 - 12.15	Integrating Hepatitis C Care for At-Risk Groups: Findings from a Multi-Centre Observational Study in Primary and Community Care Eithne Nic An Riogh, University College Dublin, Ireland
12.15 - 13.45	Lunch and Poster Viewing		
12.30 - 13.30	Lunch Symposium: Striving for HCV Elim Room: Sala I + II	ination -	High-Risk Populations, High Reward?

THURSDAY: HCV DIAGNOSIS, LINKAGE TO CARE AND TREATMENT							
13.45 - 15.00	Session L: Enhancing the HCV Care Cascade	13.45 - 15.00	Session M: Strategies to Improve HCV Treatment Outcomes	13.45 - 15.00	Session N: Models of Care for HCV Infection (Sponsored by IAS)		
	Room: Sala XII + XIII Chairs: Amy Nunn & Behzad Hajarizadeh		Room: Sala I Chairs: Nina Weis & Håvard Midgard		Room: Sala II Chairs: Stéphanie Dominguez & Jorge Mera		
13.45 - 14.00	Conceptualising Access in the DAA Era: Applying the Candidacy Framework to Inform Research and Practice in HCV Care for People Who Use Drugs Stine Høj, Université de Montréal, Canada	13.45 - 14.00	Preliminary Analysis of the Superdot-C Study: a Cluster Randomised Controlled Trial of Pharmacy Led Versus Conventional Treatment for HCV Positive Patients Receiving Daily Opioid Substitution Therapy Within NHS Scotland Andrew Radley, Natonal Health Service Tayside, United Kingdom	13.45 - 14.00	A Multi-Sectoral Model to Support Hepatitis C Testing and Treatment Access Among People Who Inject Drugs in Hanoi, Vietnam Thuy Ma Thu, Medecins Du Monde - Vietnam Mission, Vietnam		
14.00 - 14.15	Hepatitis C Virus (HCV) Testing, Liver Disease Assessment and Direct-Acting Antiviral (DAA) Treatment Uptake and Outcomes in a Homeless Service in Sydney, Australia: the Liverlife Study Sahar Bajis, The Kirby Institute, UNSW Sydney, Australia	14.00 - 14.15	The Treatment as Prevention Approach Results in an Early and Marked Reduction in Prevalence of Hepatitis C Viremia Among People With Recent Injection Drug Use. Results from the Treatment as Prevention (TRAP HEPC) Program in Iceland Valgerdur Runarsdottir, SAA Addiction Clinics, Iceland	14.00 - 14.15	Daily Dosing of Direct Acting Antivirals (DAA) from a Public Opioid Substitution Treatment (OST) Program for Marginalised Clients in Kings Cross, Sydney Phillip Read, Kirketon Road Centre, Australia		
14.15 - 14.30	Straight to the Point - Lessons from the Rapid-EC Study: a Point-Of-Care Hepatitis C Testing Pilot in Needle and Syringe Programs Targeted to People Who Inject Drugs in Australia Alisa Pedrana, Burnet Institute, Australia	14.15 - 14.30	Engaging People Who Inject Drugs in Community Based Treatment and Care Using a Nurse-Led, Social Network Model Sally Von Bibra, Burnet Institute, Australia	14.15 - 14.30	Indigenous Led Hepatitis C Treatment Model to Achieve Elimination in Big River First Nation Stuart Skinner, University of Saskatchewan, Canada & Charlene Gardiner, Big River First Nation, Canada		

	Session L:		Session M:		Session N:
14.30 - 14.35	Improving HCV Treatment Uptake in Prison: Breaking the 60-Day Barrier Zameer Mohamed, Imperial College London, United Kingdom	14.30 - 14.35	Use of Simplified HCV Testing, Diagnosis and Generic Sofosbuvir/ Velpatasvir Treatment Leading to 100% SVR12 in Myanmar (USAID/EQUIP Project) Yin Min Thaung, Community Partners International, Myanmar	14.30 - 14.35	Accelerating the Hepatitis C Care Cascade for Patients with Substance Use Jessica Rienstra, Lummi Tribal Health Center, United States
14.35 - 14.40	Improving Engagement with Healthcare in Hepatitis C: a Randomised Controlled Trial of a Peer Advocacy Intervention Marie Francis, University College London, United Kingdom	14.35 - 14.40	"Lost to Follow up" Patients Have Equivalent Sustained Viral Response Rates to Patients Attending their Scheduled SVR12 Visit. Alison Boyle, NHS Greater Glasgow and Clyde, United Kingdom	14.35 - 14.40	The Cascade of HCV Care Among People Who Inject Drugs in a Norwegian Low- Threshold Setting: Increasing Treatment Uptake Håvard Midgard, Oslo University Hospital, Norway
14.40 - 14.45	Mobile Community- Based Liver Health Assessment In Underserved Populations: The Hepcare Project Julian Surey, University College London, United Kingdom	14.40 - 14.45	Hepatitis C Treatment in People Who Inject Drugs on Medication Assisted Therapy Versus People Attending a Needle Exchange Program NCT03093415 Andrew Seaman, Oregon Health & Sciences University, United States	14.40 - 14.45	Difficult Venous Access: Addressing this Barrier to Care in Hepatitis Treatment Clinics Sinead Sheils, Hepatology Nurse Practitioner, Australia
14.45 - 14.50	Reinfection Following HCV DAA Therapy Among People Who Inject Drugs on Opioid Agonist Thearpy: the Prevail Study Matthew Akiyama, Montefiore Medical Center, United States	14.45 - 14.50	HCV Cure Rates Among People Who Inject Drugs not Receiving Medication Assisted Treatment in an American Indian/ Alaskan Native Population Whitney Essex, Cherokee Nation Health Services, United States	14.45 - 14.50	Treatment of Hepatitis C in a Cohort of Former and Current Injecting Drug Users i Nairobi, Kenya Dmytro Donchuk, Médecins Sans Frontières, Belgium

	Session L:		Session M:		Session N:
14.50 - 14.55	Universal On-Site HCV-RNA Screening is Warranted Among Active People Who Inject Drugs Who Attend Harm Reduction Centres in Catalonia, Spain (HepCdetect II Study) Elisa Martró, Germans Trias I Pujol Universitary Hospital And Research Institute (IGTP), Barcelona	14.50 - 14.55	Collocation of Buprenorphine with HCV Treatment to Improve Adherence and Reduce Harm in People Who Inject Drugs with HCV: Update from the ANCHOR Study Sarah Kattakuzhy, University Of Maryland, United States	14.50 - 14.55	END hepC-NM: a Collaborative Approach Towards Hepatitis C Elimination in a Resource Scarce Environment Kim Page, University of New Mexico, United States
14.55 - 15.00	Uptake of Treatment for Hepatitis C Infection in People Who Inject Drugs: the Link Study Rob Bielen, Hasselt University, Belgium	14.55 - 15.00	HCV Cascade of Care at an Integrated Community Facility for People who Inject Drugs Leith Morris, School Of Public Health, University Of Queensland, Australia	14.55 - 15.00	RECAP: an Interprofessional Comprehensive Community-based Care Clinic for the Management of Hepatitis C Positive and At-Risk Individuals in Saint John, New Brunswick, Canada Sarah Gander, Horizon Health, Canada
15.00 - 15.30	Coffee Break & Poster T	our			
15.30 - 17.20	Session O: Harm Reduction and HCV Prevention	15.30 - 17.20	Session P: Challenges for enhancing HCV care among PWID in low and middle income countries (sponsored by IAS and MDM)	15.30 - 17.20	Session Q: Diagnostics
	Room: Sala I Chairs: Eberhard Schatz & Dagmar Hedrich		Room: Sala II Chairs: Niklas Luhmann & Edo Agustian		Room: Sala XII + XIII Chairs: Tanya Applegat & Christian Ramers
15.30 - 15.50	Novel HCV Prevention Strategies for People Who Inject Drugs Patrizia Carrieri, Aix Marseille Université, INSERM, France	15.30 - 15.50	Together in Harm Reduction: Synergizing Efforts Between HIV and Hepatitis Programmes Sarah Hess, World Health Organisation, Switzerland	15.30 - 15.50	Enhancing Hepatitis C and HIV Testing Using Rapid Diagnostic Antibody Testing in Marginalized Populations Amy Nunn, Brown University, United States

THUR	SDAY: HCV DIAGNO	SIS, LII	NKAGE TO CARE AN	ND TRE	ATMENT
	Session O:		Session P:		Session Q:
15.50 - 16.10	State of the Art on Drug Treatment Julie Bruneau, Université de Montréal, Canada	15.50 - 16.10	Improving Access to Care for People Who Inject Drugs in Kenya: From Pilot Study to National Programme Abigael Lukhwaro, Médecins du Monde, Kenya	15.50 - 16.10	Point-of-care Finger- stick Hepatitis C RNA Testing: Broadening Access to Testing in the Community Tanya Applegate, The Kirby Institute, UNSW Sydney, Australia
16.10 - 16.50	Supervised Injecting Sites, Drug Consumption Rooms and Overdose Prevention: Where do we Stand in 2018? Joan Colom, Public Health Agency of Catalonia, Spain; Gabi Becker, Geschäftsführerin der Integrativen	16.10 - 16.30	Successful Community- led Efforts to Enhance HCV Prevention, Testing and Linkage to Care Among People Who Inject Drugs in Low and Middle- income Countries Edo Agustian, Asian Network of People who Use Drugs (ANPUD)/ PKNI, Asia	16.10 - 16.20	Hepatitis C Testing from Dried Blood Spots: Simplifying Testing to Broaden Community-Based Screening John Dillon, University of Dundee, Scotland
	Drogenhilfe Frankfurt, Germany; Ricardo Fuentes, City of Lisbon, Portugal; Adriana Curado, GAT, Portugal Dirk Schäffer, Deutsche Aids Hilfe, Germany	16.30 - 16.50	The Cost of Diagnostics Annette Gaudino, Treatment Action Group, United States	16.20 - 16.40	Enhancing Diagnostic Access in Low and Middle-income Countries Emmanuel Fajardo, Médecins Sans Frontières, Spain
16.50 - 17.20	Questions & Discussion	16.50 - 17.20	Questions & Discussion	16.40 - 17.20	Panel Discussion
19:00 - 23:00	Symposium Dinner	•			

PROGRAMME: FRIDAY

FRIDA	Y: HCV TREATMENT AND ACCESS
09.00 - 09.45	Breakfast Symposium: Exploring New Models of Care with Decentralised HCV RNA Testing Room: Sala +
10.00 - 12.00	Session R: Management of HCV in People Who Inject Drugs
	Room: Sala I + II Chairs: Rui Tato Marinho and Lynn Taylor
10.00 - 10.20	Direct-Acting Antiviral Therapy: Have we Reached Perfectovir for People Who Inject Drugs? Brian Conway, Vancouver ID Centre, Canada
10.20 - 10.40	Management of Advanced Liver Disease and Risk of HCC Massimo Colombo, University of Milan, Italy
10.40 - 11.00	Life Beyond SVR - It is not Just About SVR: the Clinical Benefits of Succesful DAA Therapy Beyond Cure Alessio Aghemo, Humanitas Research Hospital, Italy
11.00 - 11.20	Life Beyond SVR - It is not Just About SVR: the Social Benefits of Succesful DAA Therapy Beyond Cure Carla Treloar, Centre for Social Research in Health, UNSW Sydney, Australia
11.20 - 11.30	Questions & Discussion
11.30 - 11.45	Adherence to Sofosbuvir and Velpatasvir Among People with Chronic HCV Infection and Recent Injection Drug Use: the SIMPLIFY Study Evan Cunningham, The Kirby Institute, UNSW Sydney, Australia
11.45 - 12.00	Direct-Acting Antiviral Therapy for Hepatitis C Virus Infection Among People Who Inject Drugs: a Systematic Review and Meta-Analysis Behzad Hajarizadeh, The Kirby Institute, UNSW Sydney, Australia
12.00 - 12.45	Coffee & Poster Tour: Clinical and Health Services Research
12.00 - 12.45	Session S: We Aren't Hard to Reach if You Know How
12.45	Room: Sala I + II Chairs: Jude Byrne & Daniel Simões
12.00 - 12.05	User Driven HCV Clinic on 4 Wheels Ole Jørgen Lygren, Prolarnett, Norway
12.05 - 12.10	Furthering the Hepatitis C Diagnosis Process to Easy Access and Comprehensive Coverage Janjira Lintong, TTAG, Thailand
12.10 - 12.15	Models of Care - From Patient to Organizer of Community Testing Anja Plesner Bloch, Brugernes Akademi, Denmark
12.15 - 12.20	Meaningful Involvenment of Indonesian Drugs User Network in Respond and Availability HCV treatment Access in Indonesia Andika Wibaskara, Indonesian Drugs User Network, (PKNI), Indonesia
12.20 - 12.45	Panel Discussion

PROGRAMME: FRIDAY

2.45 - 3.45	Lunch				
3.00 - 3.45	INHSU General Assemb Room: Sala I	y Membe	ers Meeting (open to all)		
13.45 - 14.45	Session T: HCV Reinfection	13.45 - 14.45	Session U: It is Not Always Just About HCV: Drug User Health and HCV	13.45 - 14.45	Session V: Models of Care for HCV Infectio
	Room: Sala XII + XIII Chairs: Stefan Christensen & Sarah Kattakuzhy		Room: Sala I Chairs: Kathryn Leafe & Suzanne Brissette		Room: Sala II Chairs: Monica Sousa & Martin Kåberg
13.45 - 14.00	High Re-Infection Rates Among People Who Inject Drugs Successfully Treated for Hepatitis C in a Community Needle and Syringe Programme Jasmine Schulkind, University Bristol, United Kingdom	13.45 - 14.00	Care Beyond the Virus: Engaging the Most Marginalised in Hepatitis C Care Magdalena Harris, London School Of Hygiene & Tropical Medicine, United Kingdom	13.45 - 14.00	Experience and Outcomes of a High Volume Homeless Health Center-Based HCV Treatment Program in Boston Marguerite Beiser, Boston Health Care Fo The Homeless, United States
14.00 - 14.15	Reinfection and Retreatment: Attitudes Among Prisoner Participants from the Australian STOP-C Study Jake Rance, Centre For Social Research In Health, Australia	14.00 - 14.15	Sex, Drugs and HCV: The Role of Sex and Sex Work in Hepatitis C Virus Infection Among People who Inject Drugs in Montréal Brendan Jacka, CHUM Research Centre, Canada	14.00 - 14.15	Treating People Where They Are: Lessons from Outreac HCV Treatment for Networks of People With Recent Injecting Drug Use in Victoria, Canada Tamara Barnett, Cool Aid Community Healtl Centre, Canada
14.15 - 4.30	Reinfection Following Successful HCV DAA Therapy Among People with Recent Injecting Drug Use: The SIMPLIFY and D3FEAT Studies Evan Cunningham, The Kirby Institute, UNSW Sydney, Australia	14.15 - 14.30	Preliminary Analysis of the Prime Study; a Randomized Controlled Trial Comparing the Hepatitis C Care Cascade in Primary Care Vs. Tertiary Care Margaret Hellard, Burnet Institute, Australia	14.15 - 14.30	Building Bridges to Eliminate HCV in People Who Inject Drugs: Knowledge an Planned Performance Change Among HCV Treaters and Addiction-services Providers Engaged in a Pilot Education Initiative Jody Gilmore, Penn Presbyterian Medical Center, United States

FRIDA	Y: HCV TREATMEN	Γ AND Δ	ACCESS		
	Session T:		Session U:		Session V:
14.30 - 14.35	Drug Use and Reinfection During and Following Hepatitis C Virus (HCV) Treatment With Elbasvir/Grazoprevir (EBR/GZR) Among Patients Receiving Opioid Agonist Therapy (OAT): the C-Edge Co-Star Study Gregory Dore, The Kirby Institute, UNSW Sydney, Australia	14.30 - 14.35	Changes in Drug and Alcohol Use and Injection Risk Behaviours Among People Who Inject Drugs During and Following HCV Direct-Acting Antiviral Treatment: the SIMPLIFY and D3FEAT Studies Andreea Adelina Artenie, Université de Montréal, Canada	14.30 - 14.35	Liberating Medeco- Inala from Hep C. a Study of Micro- Elimination in Primary Care Matthew Young, Medeco-Inala, Australia
14.35 - 14.40	Low HCV Reinfection Rate After Treatment in People Who Infect Drugs (PWID) from a Prospective Cohort in Tbilisi, Georgia Tamar Kikvidze, Médecins Du Monde, France	14.35 - 14.40	Real-World Data on Safety and Effectiveness of Glecaprevir/ Pibrentasvir for the Treatment of Patients With Chronic Hepatitis C Virus Infection on Opioid Substitution Therapy: Latest Results from the German Hepatitis C-Registry Eric Crown, AbbVie, United States	14.35 - 14.40	Chronic Hepatitis C Eradication Model Through Primary Care in British Columbia, Canada John Farley, Dr. John Farley Inc., Canada
14.40 - 14.45	Low Rate of Reinfection Following Direct-Acting Antiviral HCV Treatment Among People with Recent Injecting Drug Use: a Real-Life Experience Håvard Midgard, Oslo University Hospital, Norway	14.40 - 14.45	Treatment Outcomes Achieved With All-Oral Hepatitis C Treatment in People Who Currently Inject Drugs: a Systematic Review and Meta- Analysis Ned Latham, Burnet Institute, Australia	14.40 - 14.45	Hepatitis C Care in an Opioid Substitution Treatment Unit Simon Larsson, Sahlgrenska University Hospital, Sweden
14.45 - 15.15	Coffee Break				

PROGRAMME: FRIDAY

FRIDA	Y: HCV TREATMENT AND ACCES	S	
15.15 - 16.30	Session X: Enhancing Access to HCV Care for People Who Inject Drugs	15.15 - 16.30	Session Y: Enhancing HCV prevention and treatment in prisons
	Room: Sala XII + XIII Chairs: Américo Nave & Magda Ferreira		Room: Sala I + II Chairs: Nadine Kronfli & Andrew Lloyd
15.15 - 15.35	Advocacy for Affordable Access to DAA Therapy from the Community Perspective: Lessons from Malaysia Yatie Jonet, Malaysian AIDS Council, Malaysia	15.15 - 15.35	Needle and Syringe Programmes for HCV Prevention in Prisons: Where do we Stand Globally? Rick Lines, Hilary Rodham Clinton School of Law, Swansea University, United Kingdom
15.35 - 15.55	Working Towards Addressing Stigma Erin O'Mara, European Network of People who Use Drugs, United Kingdom	15.35 - 15.55	Enhancing Access to HCV Testing and Treatment in Prisons: Lessons Learned from Australia Alex Thompson, University of Melbourne, Australia
15.55 - 16.15	Enhancing Access to HCV Testing and Treatment Among People Who Use Drugs: Lessons from Brazil Francisco Inácio Bastos, Oswaldo Cruz Foundation, Brazil	15.55 - 16.15	Enhancing Access to HCV Testing and Treatment in Prisons: Lessons Learned from Catalonia Joan Colom, Public Health Agency of Catalonia, Autonomous Government of Catalonia, Spain
16.15 - 16.30	Questions & Discussion	16.15 - 16.30	Questions & Discussion
16.30 - 17.10	Session Z: Reports and Symposium Closi	ng	
17.10	Room: Sala I + II Chairs: Ricardo Baptiste Leite and Julie B	runeau	
16.30 - 16.40	Policy & Epidemiology Rapporteur Natasha Martin, University of California, Sa	an Diego	, United States
16.40 - 16.50	Linkage to Care & Treatment Rapporteur Alisa Pedrana, Burnet Insitute, Australia		
16.50 - 17.00	Models of Care Rappateur Anne Øvrehus, Rigshospitalet, Denmark		
17.00 - 17.10	Community Rapporteur Annie Madden, Centre for Social Research in Health, UNSW Sydney, Australia		
17.10 - 17.15	Symposium Closing and Introduction of Upcoming Conference		
17.15	Symposium Close		

#	NAME	TITLE OF ABSTRACT
Clir	nical	
01	MATTHEW AKIYAMA	A Phylogenetic Analysis of HCV Transmission Among PWID on Opioid Agonist Therapy in the Prevail Study
02	MARYAM ALAVI	An Intervention to Improve HCV Testing, Linkage to Care, and Treatment Among People Who Use Drugs in Tehran, Iran: The Enhance Study
03	OLGA ANAGNOSTOU	Is the Availability of Direct Antiviral Agents (DDAS) Enough to Treat Chronic Hepatitis C (CHC) and Achieve HCV Elimination Among People Who Use Drugs (PWUD)? What Do the Real World Data Suggest?
04	TARIK ASSELAH	Treating the New Epidemic: Efficacy and Safety of Elbasvir/Grazoprevir (Ebr/Gzr) in People with Hepatitis C Virus (Hcv) Infection Aged 35 Years or Younger
05	ALISON BOYLE	Treatment with Direct Acting Antivirals Leads to Increased Uptake of Injecting Equipment Provision (Iep), and Low Rates of Reinfection: Results From a Scottish Cohort
06	JORDAN FRANCHEVILLE	Poor Adherence to Hepatocellular Carcinoma Screening in a Cohort of Cirrhotic Patients After Hepatitis C Cure
07	STEFAN CHRISTENSEN	High Cure Rates in a Real World Cohort of HCV Infected Patients on Opioid Substitution Therapy (OST) Despite Alcohol and Cannabis Consumption - Data From the German Hepatitis C-Registry (DHC-R)
08	ANDREA BREGENZER	Feasibility, Outcome and Uptake of Ifn-Based and IFN-Free DAA HCV-Treatment in OST Patients in Switzerland – the SAMMSU-Cohort
09	BRIAN CONWAY	Elbasvir/Grazoprevir, Ledipasvir/Sofosbuvir and Velpatisvir/Sofosbuvir Therapy Among People Who Use Drugs (PWUD): Real World Experience
10	BRIAN CONWAY	Loss to Follow-up Among PWUD Receiving HCV Treatment: Predictors and Intervention Strategies
11	ERIC CROWN	Integrated Efficacy and Safety of Glecaprevir/Pibrentasvir in Patients with Psychiatric Disorders
12	DAVID DE GIJSEL	Telemedicine for the Treatment of Hepatitis C: A Systematic Review and Meta-Analysis
13	DAVID DE GIJSEL	Low Hepatitis C Treatment Rates Among Patients Screened as Inpatients at a Rural Academic Medical Center
14	BENJAMIN ECKHARDT	Can Hepatitis C Virus (HCV) Reinfection Be Predicted and Prevented Among People Who Currently Inject Drugs (PCID)? The Potential Importance of Understanding and Intervening Upon Injection Networks to Achieve Sustained Aviremia
15	LEANNE MYERS	How Do We Reach the Other 75% of People with Untreated Chronic Hepatitis C in Australia?

#	NAME	TITLE OF ABSTRACT
16	PHILLIP READ	Recall Can Increase Treatment Uptake: An Audit of Positive Hepatitis C PCR Tests at the Kirketon Road Centre
17	LUCA FOROGHI	Preliminary Results About HCV Care Cascade Among PWID in Rome Setting: "Una Regione Senza La C" Project
18	RAVI JAYANTI	Chronic Hepatitis C Treatment Response with Direct-Acting Antivirals in Patients with Substance Abuse - A Community Hospital Based Study
19	RAVI JAYANTI	Direct Acting Antivirals in HCV Mono-Infection Compared to HCV/HIV Co-Infection in Community Care Setting - A Real-World Experience
20	HANS HALTMAYER	Interim Results of an Ongoing Project to Eradicate HCV in People Who Inject Drugs at Risk for Non-Adherence to Direct-Acting Antivirals in Vienna
21	GRISHMA HIRODE	High Proportion of Undiagnosed Hepatitis C Virus (HCV) Infection Among Persons Who Inject Drugs: A Community-Based Safety-Net Hospital Experience
22	JULIE HOLEKSA	Reversal of Fibrosis After Successful HCV Treatment in People Who Inject Drugs (PWID)
23	JULIE HOLEKSA	Real-Life Cohorts and the Impact of Losses to Follow-Up (LTFU) on HCV Sustained Virologic Response (SVR) Rates
24	JULIE HOLEKSA	Lack of Follow-Up After End of Treatment and Recurrent Viremia Among PWUD Treated for HCV Infection
25	EVA JACKSON	Factors Influencing Engagement with a Multidisciplinary Incentivised Hepatitis C Program for Intravenous Substance Users
26	MARTIN KÅBERG	Enhancing the Hepatitis C (HCV) Care Cascade for People Who Inject Drugs (PWID) at the Stockholm Needle Exchange - Results From Fibroscan Examinations and HCV Treatment
27	JOHN (JACK) LAMBERT	Hepcare Europe: Hepcheck; Point of Care Hepatitis C Testing in Vulnerable Populations
28	PHYLLIS LOSIKOFF	Providing Access to Hepatitis C Treatment Improves Adherence to Addiction Treatment in an Outpatient Addiction Treatment Center
29	AMY MALAGUTI	Receiving Hepatitis C Treatment as a Couple: Romantic Partners' Mutual Reduction of Injecting Behaviour Frequency.
30	STEFANIE MATERNIAK	Differences in Sustained Virologic Response to Direct-Acting Antiviral Therapy for Chronic Hepatitis C By Sex - Results From the Canhepc Retrospective Registry
31	MARION SELFRIDGE	Direct-Acting Antiviral Therapy for HCV Infection in People with Recent Injecting Drug Use Attending an Inner-City Community Health Centre in Victoria, Canada

#	NAME	TITLE OF ABSTRACT
32	LYNN TAYLOR	Real World Direct Acting Antiviral (DAA) Outcomes Among People Who Inject Drugs: Hepatitis C Real Options (HERO)
33	ELISABETTA TETI	Real World Adherence to Direct-Acting Antivirals in a Cohort of People Who Use Drugs in Rome, Italy
34	MURAT YILDIRIM	New Directly Acting Antiviral Therapy Of HCV Infected People Who Injected Drugs: Real Life Experience From Turkey
35	KJERSTI ULSTEIN	High Efficacy of Direct-Acting Antiviral HCV Treatment Among People with Recent Injecting Drug Use: A Real-Life Experience
Glo	bal and Public Hea	lth
36	SILVIA BRONSON	A Screening Program for Hepatitis C Among Baby Boomers in the Northeast United States Has Revealed an Alarmingly High Prevalence of HCV Infection Among People Who Inject Drugs
37	FRANÇOISE DESSELLE	First Line Screening By Fibroscan (Transiant Elastography) in a Population at High Risk for HCV Infection
38	STÉPHANIE DOMINGUEZ	Strenghtening Patient's Pathway for a Better Hepatitis C Care in Most Vulnerable Populations: The HCV Parcours Projet in Ile De France (IDF)
39	KRISTIN ALEXIUSDOTTIR	Marked Reduction in the Prevalence of Hepatitis C Viremia in the Prison Setting During 2nd Year of Traphepc (Treatment as Prevention for Hepatitis C) Program in Iceland
40	CAROLINE GAHRTON	Prevalence of Viremic Hepatitis C Virus, Hepatitis B Virus or HIV Infection, and Vaccination Status among Swedish Prisoners
41	ILIAS GOUNTAS	Estimation of the Incidence and the Size of the Epidemic of Hepatitis C Among PWID in Greece 2002-2015
42	MATT HICKMAN	The Hepatitis C Pre-DAA Cascade of Care for Persons Using Drug Services in England.
43	VIVIAN HOPE	Factors Associated with Hepatitis C Testing Uptake Among People Who Inject Image and Performance Enhancing Drugs.
44	BRENDAN JACKA	Epidemiology of Injection Drug Use and Prevention of HCV Infection Among People Who Inject Drugs in Canada, 2011-2016
45	JOHN (JACK) LAMBERT	The Prevalence of Chronic Untreated Hepatitis C Virus Infection and Associated Risk Factors in Irish Prisoners; A Cross Sectional Study
46	JOHN (JACK) LAMBERT	Ten-Year Mortality Demonstrates That Opioid Substitute Patients, with High Alcohol Intake, Require Early Linkage to Hepatitis C (HCV) Treatment
47	SARAH LARNEY	Global Multi-Level Analysis of Demographic, Behavioural and Ecological Factors Associated with HCV Antibody Prevalence in People Who Inject Drugs

#	NAME	TITLE OF ABSTRACT
48	ANDREA LOMBARD	Hepatitis C Positive: Stigma and Drug Use Challenges
49	RUI MARINHO	Origin, Diversity and Transmission Dynamics of Hepatitis C Virus Genotypes in Portugal
50	MOJCA MATICIC	Prevalence and Characteristics of HCV Infection in People Who Use Drugs Managed at Low-Threshold Settings in Slovenia: Results From a National Study
51	PEDRO MATEU- GELABERT	Injection Risk Behaviors and HCV Infection Among Young Opioid Injectors in New York City: A Challenge for HCV Elimination
52	NANOR MINOYAN	Not If, But Where: Socio-Spatial Injection Contexts and Binge Drug Injection in a Prospective Cohort of People Who Inject Drugs in Montreal, Canada
53	RYAN BUCHANAN	Re-Setting the Target for Hepatitis C Micro-Elimination in an Isolated UK Population
54	NATASHA MARTIN	Is HCV Elimination Among Hiv-Infected People Who Inject Drugs Possible Through Treating Hiv/Hcv Coinfection? a Modeling Analysis for Andalusia, Spain
55	JULIA ENKELMANN	High Prevalence Of Current And Past Hepatitis C Virus Infections Among New Injectors Found In A Cross-Sectional Study In Germany, 2011-2014: Missed Opportunities For Counselling And Testing
56	AMINE GHRABI	Injecting Risk Behaviors and HCV Genotypes Distribution Among People Who Inject Drugs Attending a Syringe Service Program in Tunis, Tunisia
57	ANNE ØVREHUS	The Impact of High Risk Behaviors and Hepatitis C On Mortality in Drug Users. a Register Based Cohort Study On 5350 Persons Connected to Drug Use Treatment 1996-2014.
58	ALISA PEDRANA	Estimating Progression Through the Cascade of Care Among Patients with Hepatitis C Infection in Victoria, Australia After the Introduction of Direct-Acting Antivirals
59	KATHERINE WAGNER	iDale! iVale!: Tracking the HCV Epidemic in Young People Who Inject Drugs in New Mexico
60	ANDREW SCHEIBE	Prevalence of Hepatitis C, B and HIV Among People Who Use Drugs in Three South African Cities
61	NICK SCOTT	Withdrawn
62	THOMAS SEYLER	Monitoring HCV Elimination as a Public Health Threat Among PWID in the European Union
63	IDA SPERLE	Barriers to HCV Testing in Drug Treatment Services for People Who Inject Drugs
64	JULIAN SUREY	Mobile Community-Based Liver Health Assessment in Underserved Populations: The Hepcare Project

#	NAME	TITLE OF ABSTRACT
65	LARA TAVOSCHI	ECDC/EMCDDA Evidence-Based Guidance on Prevention and Control of HCV in Prison Settings
66	ELISABETTA TETI	HCV Seroprevalence and Risk Factors in a Cohort of People Who Use Drugs Screened with Rapid Tests in Rome: The Hidden Epidemic
67	PREM THURAIRAJAH	Linkage to Care Is Poor Amongst Ex Drug Users with Hepatitis C - A Singapore Population Study
68	MAGALLY TORRES LEGUIZAMON	Inventory and Strategies of Development for Preventing, Screening and Monitoring Hepatitis C Among Drug Users
69	ADAM TRICKEY	The Contribution of Injecting Drug Use to Hepatitis C Virus Transmission Globally, Regionally, and at Country Level: A Modelling Study
70	DANIELA VAN SANTEN	Three Decades of Harm Reduction Programs in a Country with Liberal Drug Policies: Factors Associated with Its Uptake Among People Who Inject Drugs in Amsterdam
71	APRIL YOUNG	Recruitment Methods for Epidemiologic Research On Hepatitis C Among Rural Young Adults Who Inject Drugs
Hea	alth Services	
72	RYAN BUCHANAN	The Cost Effectiveness of Community Pharmacy Dry Blood Spot Screening for Hepatitis C in a Rural Population of People Who Inject Drugs
73	ESTHER CROES	HCV Elimination in Dutch PWUD? the 5 Steps of the National Hepatitis Plan
74	SARAH GANDER	Hepatitis C Screening Program in Infants Born to High Risk Mothers
75	CHENG GONG	The Association Between Delayed Return and Transfer Experience Among Methadone Maintenance Treatment Participants in Guangdong, China: A Retrospective Cohort Study
76	EMMA HAMILTON	A Mixed Method Evaluation of NHS Tayside's Injecting Equipment Provision Services
77	MARY ELLEN HARROD	Language Matters: The Development of a Resource to Improve Treatment Access and Reduce Stigma in Drug and Alcohol Treatment Settings Through a Community Partnership Model
78	VALERIE LAI	Changes in Quality of Life Scores Before and After Hepatitis C Treatment By Inner-City Primary Teams in Inner-City Community Health Clinics
79	YIN LIU	Limited Hepatitis C Treatment and Barriers for Injection Drugusers in Chinese Methadone Treatment Clinics: Comprehensive Hepatiti C Care is Needed
80	ALYSSA MARGESON	Demographic and Socioeconomic Differences Among Hepatitis C Patients Seen in Community and Specialist Outpatient Care Settings in New Brunswick, Canada

#	NAME	TITLE OF ABSTRACT
81	ELISA MARTRÓ	Estimation of the Cascade of HCV Testing, Care and Treatment Among Active PWID Who Attend Four Harm-Reduction Centers in Catalonia (HepCdetect II Study)
82	ELISA MARTRÓ	Universal On-Site HCV-RNA Screening is Warranted Among Active PWID Who Attend Harm Reduction Centres in Catalonia, Spain (HepCdetect II Study)
83	DANIEL SMYTH	HCV-Infected Youth Characteristics and Representation in the Canhepc Retrospective National Registry
84	SALIM MEZAACHE	Withdrawn
85	NEAL BELLUZZO	Hepatitis C Virus (HCV) Screening in People Who Use Drugs (PWUD): What Your Patients Want You to Know
86	SHASHI KAPADIA	Hepatitis C Treatment Wanted Yet Not Received: Barriers to Receiving HCV Treatment Among People Who Inject Drugs
87	THEODORA OIKONOMOU	Excellent Efficacy of Direct Acting Antivirals (Daas) for the Treatment of Hepatitis C Among People Who Inject Drugs (Pwid): Experience From a Large Expertized Greek Center
88	CLÁUDIA PEREIRA	Integration of HCV Care in Harm Reduction Settings
89	NADINE KRONFLI	Interventions to Increase Testing, Linkage to Care and Treatment of Hepatitis C Virus (HCV) Among People in Prisons: A Systematic Review
90	XAVIER MAJOR ROCA	Assessment of Hepatitis C Treatment Access Barriers Among PWID in the Catalan Substance Abuse Treatment Network
91	TETIANA SALIUK	Lost Opportunities and Potential of HCV Test and Treatment Among People Who Inject Drugs in Ukraine
92	EILISH SCALLAN	Hepatitis C Knowledge and Training Among People Working in the Alcohol and Other Drugs Sector
93	SINEAD SHEILS	Health Promotion; A Continuing Role for Peer Support Worker in Drug Health Service Liver Clinic
94	KATHERINE WAGNER	New Questions About HCV From a New Generation
Мо	dels of Care	
95	ADRIAN ABAGIU	Outcomes for Chronic Viral Hepatitis Treatment and Control, 10 Years Data From the First Harm Reduction Approach Ost Center From Bucharest
96	ANTOINE BACHELARD	Special Concern and Strategy for Optimizing Cascade Care Among Prisoners. the HCV "Parcours" Project in Ile De France (IDF)
97	TYLER BARTHOLOMEW	Integration of Onsite Behavioral Health Consultation and Hepatitis C Treatment in a Federally Qualified Health Center Network; Philadelphia, Pa.

#	NAME	TITLE OF ABSTRACT
98	ROB BIELEN	Hepatitis C Nurse as a Case Manager in People Who Inject Drugs
99	BEVERLY EDWARDS	The Development of a Collaborative Model to Optimise Antiviral Treatment in Community Drug Services
100	MARGARET BOURKE	Treatment of Hepatitis C in a Community Based Opioid Substitution (OST) Clinic
101	CHRISTOPHER BYRNE	Pharmacological Monitoring of Participants Undergoing DAATreatment for Hepatitis C Infection in Nhs Tayside: Concomitant Medications of People Who Inject Drugs Participating in the Superdot-C Trial.
102	RUI MIGUEL COIMBRA MORAIS	C+, Be+, Be Your Rights - to End (Once and for All) with Hepatitis C Among Drug Users - an Example of Community Mobilization
103	PAULINE DUNDAS	Re-Engaging PWID to Hepatitis C Care and Treatment in the North East of Scotland
104	DENNAYE FUCHS	Expanding Access to Hepatitis C Care in Community and Correctional Settings Via Non-Traditional Models in Saskatchewan, Canada
105	STEPHEN BARCLAY	Introduction of a Combined OST/Advanced Fibrosis Community Clinic Results in High Engagement with a Cohort of Patients with Previous Non Attendance at Hospital Appointments.
106	ERIKA CASTRO	Hepatitis C treatment and Linkage to Care in Patients with Mental Illness who use Drugs: A Core Team Network
107	BRENDAN HARNEY	Evaluation of an Integrated Nurse Model of Care Providing Hepatitis C Treatment to People Attending Homeless Services In Melbourne, Australia
108	RONNI MARKS	Model Addressing Hepatitis C- an Epidemic That Impacts PWID
109	MARY ELLEN HARROD	Peer Led Harm Reduction Service Delivers Significantly Better Outcomes in Hepatitis C Prevention and Treatment
110	SARAH INGLIS	Towards the Microelimination of HCV in Tayside, Scotland
111	EVA JACKSON	"Positively Hep" – A Multidisciplinary Incentivised Hepatitis C Program for Disadvantaged Communities
112	NATHALIE KRAICHETTE	Rural Environment, Breaking Distances to Care - Go Towards To Bring To
113	JOHN (JACK) LAMBERT	Seek and Treat; A Dublin Community Based Peer Facilitated Screening Project
114	JOHN (JACK) LAMBERT	Treatment of Hepatitis C in the Homeless Drug Using Population: An Innovative Shared Care Approach Removing Barriers to Access
115	SARA LAMOND	Sharing Hepatitis C Care - Can It Work Between Primary and Secondary Services?

#	NAME	TITLE OF ABSTRACT
116	KIM MACBETH	Successful Treatment of Hepatitis C in a Dedicated Homeless GP Practice Using a Multidisciplinary Approach
117	XAVIER MAJOR ROCA	Evaluation of an HCV Awareness-Raising and Testing Intervention in PWID
118	LEE MIDDLETON	Prioritised Annual Hepatitis C Testing Drives in Drug Recovery Services Show Acceptability and Effectiveness of Testing
119	LEE MIDDLETON	Combined Drug Recovery and Hepatitis C Treatment Clinic Leads to More Effective Engagement Than Traditional Care Model
120	SANDI MITCHELL	Working Collaboratively to Increase HCV Testing and Treatment
121	ALBERTO MORIGGIA	From Analysis to Social Innovation. the Aging Process of People Who Use Drugs in Opioid Substitution Treatment: Development of Innovative Care Scenarios and Training Programs for Social and Health Professionals
122	ALBERTO MORIGGIA	Pursuing Micro-Elimination of HCV Among PWID in an OST Clinic in Southern Switzerland: The Implementation of DAA Therapy Through an Interdisciplinary Approach
123	ALBERTO MORIGGIA	Drug and Alcohol Use During HCV Treatment in the Real Life Among PWID in Southern Switzerland
124	CYRIL OLAIZOLA	Test and Treat: 6 Years of HCV Rapid Testing Among Drug Users in the Bayonne Area (France)
125	MARY PARKER	Project INTACCT (Integrated Community Hepatitis C Treatment)
126	NOREEN REED	Liver Health Event: De-Stigmatizing Hepatitis C to Enhance Screening and Linkage to Care in Indigenous Communities
127	NOREEN REED	Community Led Hepatitis C Treatment Amongst People with Active Injection Drug Use in an Indigenous Community in Canada
128	VRATISLAV REHAK	20 Years of Evolution of the Comprehensive Model of Care for PWID to Enhance HCV Treatment Uptake and Outcome
129	ANDRE JEAN REMY	Hospital Zero Hepatitis for Drug Users: Easy and Useful!
130	ANNE-MARIE ROQUE-AFONSO	Feasibility of a Global Out of Wall Assessment of Hepatitis C Liver Disease in Drug Center (Service)
131	PABLO RYAN	Screening for HCV with Dried Blood Spot Test in Active Drug Users. Evaluation of Magnitude Before Intervention
132	NATHAN RYDER	Improving Access to Hepatitis C Treatment for People Currently Injecting Drugs, a Sexual Health Clinic Model of Care
133	FUNDA SINAN	Identification, Assessment and Management of Hepatitis C Virus (HCV) and Delivering Direct Acting Antiviral (DAA) Treatment in Outreach Setting

#	NAME	TITLE OF ABSTRACT		
134	JULIAN SUREY	Video Observer Treatment for Hepatitis C Patients - Improving Adherence and Outcomes: Hepcare Europe		
135	JULIAN SUREY	Hepfriend: Peer Support and Community Engagement in Underserved Populations with Hepatitis C in the UK, Ireland, Romania and Spain as Part of the Hepcare Programme		
136	VANA SYPSA	A Pilot Program of Screening and Linkage to Care for Hepatitis C in a Greek Prison		
137	PREM THURAIRAJAH	Hepatitis C Detection Through Aambulatory Community Based Screening - a Model for Clinical Effectiveness in HCV Elimination		
138	MARTIN TOURNADRE	HCV: From Screening to Cure, a Broad Partnership Within a Tough Background		
139	STACEY TROOSKIN	C Change: Philadelphia's Plan to Eliminate Hepatitis C Among People Who Use Injection Drugs		
140	OLIVER WEHRLI	The Swiss Hepatitis C Association (SHCA)		
141	TESSA WINDELINCKX	ExpertC, a Pilot in Building a Care Cascade From the Ground Up		
142	KAROLINA ZAKRZEWSKA	Hepatitis C Cascade of Care Among People Who Inject Drugs in Poland: Gaps Both at Testing and Linkage to Care Levels		
143	JULIE TREMBLAY	Linking PWUD, People Who Use Drugs, Into Hepatitis C (HCV) Care		
Social Science				
144	MARIA DONATELLI	Snapshot of Frontline Perspectives On Hepatitis C Services for Most-At-Risk Populations in Middle Income Countries: Informing Progress and Response Toward 2030 Elimination Targets		
145	JOSEPH DOYLE	Past Experiences of Stigma Shaping Present Perceptions of Healthcare Among People Who Inject Drugs Living with Hepatitis C		
146	STEVEN KURTZ	HAV/ HBV/ HCVPrevalence, Risk Factors, and Hav/ Hbv Vaccine Uptake Among At-Risk Men Who Have Sex with Men (MSM)		
147	KARI LANCASTER	"Towards Eliminating Viral Hepatitis": Examining the Productive Capacity and Constitutive Effects of Global Policy On Hepatitis C Elimination		

TEST ME. TREAT ME.

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Approximately 40% of people who recently injected drugs are also living with chronic HCV.¹

Today's treatments offer a very high cure rate. Test your patients for HCV and connect them to a cure* today.

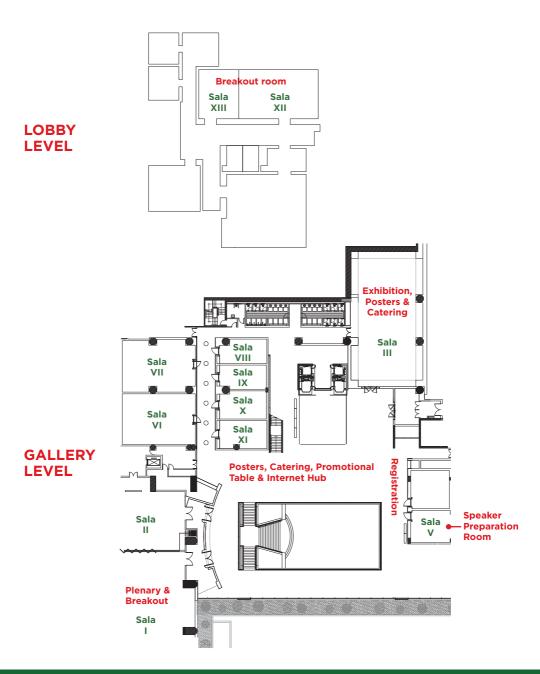


*Cure=sustained virologic response (SVR12), defined as HCV RNA less than the lower limit of quantification at 12 weeks after the end of treatment and was the primary endpoint in all the studies.

Reference: 1. European Association for the Study of the Liver. EASL recommendations on treatment of hepatitis C 2018 [published online April 9, 2018]. *J Hepatol.* https://doi.org/10.1016/j.jhep.2018.03.026.



VENUE FLOOR PLAN



INDUSTRY SPONSORED SYMPOSIA

WEDNESDAY 19 SEPTEMBER

LUNCH SYMPOSIUM

SHAPING TOMORROW TOGETHER: INSIGHTS FROM EXPERIENCE



• **Time:** 12.45pm - 1.45pm

Room: Sala I + II



THURSDAY 20 SEPTEMBER

BREAKFAST SYMPOSIUM

A PERSONALISED APPROACH TO HCV TREATMENT: IT'S NOT JUST ABOUT THE VIRUS

• Date: Thursday 20 September

• Time: 8am - 8.45am

• Room: Sala I + II



LUNCH SYMPOSIUM

STRIVING FOR HCV ELIMINATION -HIGH-RISK POPULATIONS, HIGH REWARD?

• Date: Thursday 20 September

• Time: 12.30pm - 1.30pm

Room: Sala I + II



FRIDAY 21 SEPTEMBER

BREAKFAST SYMPOSIUM

EXPLORING NEW MODELS OF CARE WITH DECENTRALISED HCV RNA TESTING

• Date: Friday 21 September

• Time: 9am - 9.45am

Room: Sala I + II



TOGETHER WE CURE



Together, we have changed the lives of many.

Together, we are making HCV elimination a reality.



EXHIBITION BOOTH LISTING

BOOTH 1 & 4



For more than 30 years, **Gilead** has been committed to developing medicines that address areas of unmet medical need for people around the world. Our portfolio of medicines and pipeline of investigational drugs include treatments for HIV/AIDS, liver diseases, hematology and oncology, inflammatory and respiratory diseases and cardiovascular conditions. Every day we strive to transform and simplify care for people with lifethreatening illnesses.

BOOTH 3



OraSure Technologies manufactures oral fluid devices and other technologies designed to detect or diagnose critical medical conditions. Its innovative products include rapid tests for HIV and HCV antibodies, influenza antigens, testing solutions for detecting drugs of abuse, and oral fluid sample collection, stabilization and preparation products for molecular diagnostic applications.

BOOTH 5



InTec PRODUCTS, INC. is a world leader in infectious disease diagnostics with a focus on screening at the point of care. In 2017, we delivered over 500 million tests to healthcare professionals in more than 80 countries, and we strive for continual improvement through partnerships with health authorities and experts in the management of infectious diseases. It is our vision that through close cooperation with these global stakeholders, InTec will continue to be a key contributor to reaching the goals of hepatitis elimination, HIV 90-90-90, and other ambitious targets set by the foremost authorities.

BOOTH 6



AbbVie is a global, research-driven biopharmaceutical company committed to developing innovative advanced therapies for some of the world's most complex and critical conditions. The company's mission is to use its expertise, dedicated people and unique approach to innovation to markedly improve treatments across four primary therapeutic areas: immunology, oncology, virology and neuroscience. In more than 75 countries, AbbVie employees are working every day to advance health solutions for people around the world. For more information about AbbVie, please visit us at www.abbvie.com. Follow @abbvie on Twitter, Facebook or LinkedIn.

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For more than a century, **MSD**, a leading global biopharmaceutical company, has been inventing for life, bringing forward medicines and vaccines for many of the world's most challenging diseases. MSD is a trade name of **Merck & Co., Inc.**, with headquarters in Kenilworth, N.J., U.S.A. Through our prescription medicines, vaccines, biologic therapies and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. We also demonstrate our commitment to increasing access to health care through far-reaching policies. programs and partnerships. Today, MSD continues to be at the forefront of research to advance the prevention and treatment of diseases that threaten people and communities around the world - including cancer, cardio-metabolic diseases, emerging animal diseases. Alzheimer's disease and infectious diseases including HIV and Ebola. For more information, visit www.msd.com and connect with us on Twitter. LinkedIn and YouTube.

BOOTH 10



The EU stand exhibition at INSHU 2018 Conference will show examples of EU **Health Programme** networks activities and how they contribute to the EU policy addressing HIV/AIDS, viral hepatitis B and C and tuberculosis. These are examples of EU actions with focus on integrating services and programmes in Europe for people who inject drugs, presenting new findings from major European projects, such as HA-REACT, INTEGRATE, E-DETECT TB and HEPCARE EUROPE. The exhibition will focus on EU Health Programmes instruments, interventions and good practices that generated impact on the quality of life of people at risk. More information on the EU Health Programme activities can be find at the workshop on How can we better achieve integration of HCV, other co-infections and harm reduction services for PWID? which will take place on 19 Sept 2018, 16.15-17.30 (session G). Cascais, Portugal.

BOOTH 11



Cepheid is a leading on-demand molecular diagnostics company that is dedicated to improving healthcare by developing fully-integrated systems and accurate yet easy-to-use molecular tests. The company is focusing on applications where rapid and actionable test results are needed most, in fields such as critical and healthcare-associated infections, sexual health, genetic diseases, virology and cancer.

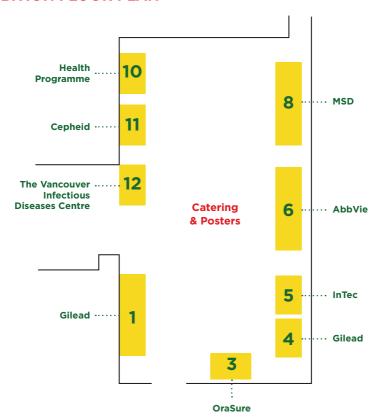
EXHIBITION BOOTH LISTING

BOOTH 12



The Vancouver Infectious Diseases Centre (VIDC) is a non-profit society dedicated to innovative care and research of infectious diseases, with an emphasis on HIV and HCV infections in vulnerable populations. Led by Dr. Brian Conway, VIDC delivers specialty healthcare through a multidisciplinary model, in English and French. We utilize the "Four-Legged Chair" model, supporting the medical, social, psychological, and addiction-related needs of the men & women we have the privilege to serve. Our Community Pop-up Clinics(CPCs) offer point-of-care HIV/HCV testing in inner city Vancouver and Surrey, which has proven to be a successful intervention for engagement in care and social services.

EXHIBITION FLOOR PLAN



"A personalized approach to HCV treatment: It's not just about the virus"

THURSDAY, 20 September 2018

08:00 - 08:45 am

Hotel Cascais Miragem Plenary Room, Sala I + II Cascais, Portugal



An Unwavering Commitment
To the Task at Hand

AGENDA

08:00 — 08:04 am	"The Story of Jenn"	Video
08:04 – 08:07 am	Welcome and Opening Remarks	John Dillon
08:07 – 08:35 am	"Individualizing HCV Therapy: An Interactive Case Discussion"	John Dillon Fiona Marra Lesley Gallagher

All Faculty Panelists

Martin Kåberg

CHAIR

John Dillon

MBBS, MD, FRCP University of Dundee Ninewells Hospital and Medical Research Institute Ward 2 Dundee, Tayside United Kingdom

PANELISTS

Fiona Marra

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LEADERSHIP • COMMITMENT • INNOVATION

More Than 30 Years of Innovation and Commitment to Patients
With Chronic Hepatitis C Virus (HCV) Infection





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Now Available Xpert® HCV VL Fingerstick

point of care molecular testing.



The Goal Elimination of Hepatitis C by 2030

Ine Need:

Simplification of the diagnostic pathway to improve linkage to care

The Solution:

Xpert HCV VL Fingerstick on the GeneXpert® System

The first near patient test to detect and quantify Hepatitis C virus directly from a drop of blood in less than 1 hour. Sensitive enough to meet the needs of a test and treat algorithm*.

Xpert HCV VL Fingerstick: Hepatitis C testing and linkage to care.

* European Association for the Study of the Liver. EASL Recommendations on Treatment of Hepatitis C 2018. J Hepatol (2018), https://doi.org/10.1016/j.jhep.2018.03.026

In Vitro Diagnostic Medical Device Not available in all countries. Not available in the United States



Leaders in Hepatitis Screening



• 99.7% Sensitivity

(Institute of Tropical Medicine, Belgium). 7 international serocoversion panels used in device evaluation

• 99.8% Specificity

(German Red Cross Baden-Wurttemberg-Hesseng GmbH)

CE Certification

seroconversion panels used in device evaluation requirements

- · 15 minute reading time
- · Reliable quality
- Responsible pricing
- Equal performance with venous blood and in finger stick blood testing
- Proven optimum performance in the field studies
- · Suitable for near patient testing
- · Batch release by Paul Ehrlich Institute (PEI) in Germany





A Comprehensive Plan to Eliminate HCV Infection among PWID by 2030



Using the Medical System as A Tool For Social Change
Learn more at www.vidc.ca



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at the 8th International Symposium on Hepatitis Care in Substance Users

Wednesday 11 - Friday 13 September 2019 Le Westin Montréal, Canada

Please mark the dates in your diary and share this information with colleagues.

Abstract Submission: 3 May 2019 Scholarship Applications: 3 May 2019 Late Break Abstracts Close: TBA 2019 Early bird Registration: 29 June 2019 Standard Registration: 23 August 2019

Program Topics to include Epidemiology & Public Health, Treatment and Care, Access and Implementation



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