TOWARDS THE MICROELIMINATION OF HEPATITIS C VIRUS IN TAYSIDE, SCOTLAND, UK

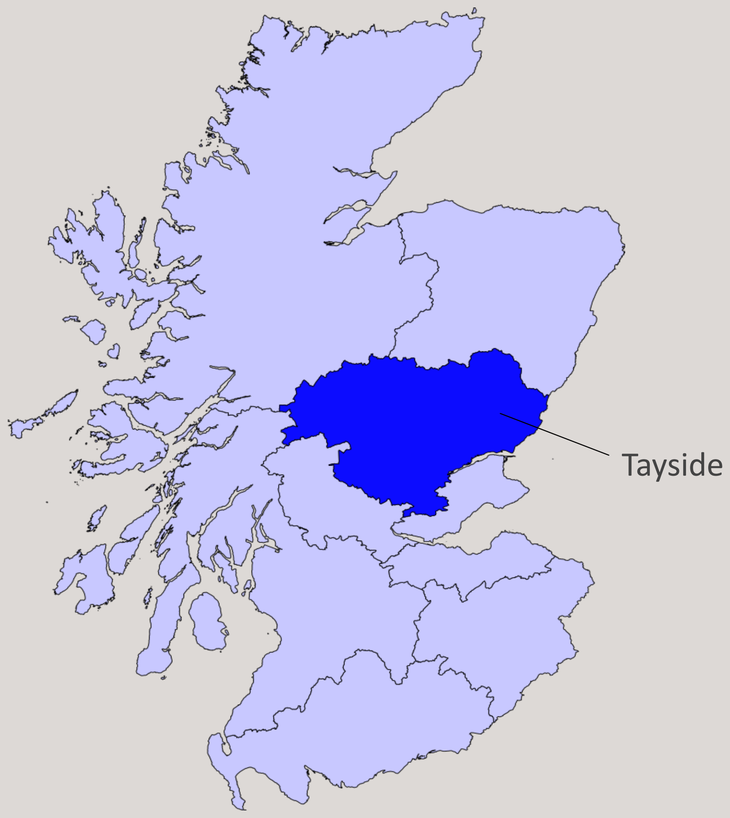
Inglis S K*[1], Cleary S[2], Eriksen A[3], Robinson E[2], Tait J[3], Thain D[3] and Dillon J F[2]
[1]Tayside Clinical Trials Unit, University of Dundee, [2]School of Medicine, University of Dundee and [3]Ninewells Hospital, NHS Tayside

Background

EASL has suggested that hepatitis C (HCV) elimination may be achieved through micro-elimination in smaller target populations.

Tayside comprises approximately 8% of the Scottish population (around 400,000), is relatively delineated geographically and comprises both urban and rural deprived areas. Estimated population of HCV active infection prevalence is 0.55-0.6%.

The aim is to achieve microelimination of Hepatitis C from the Tayside population of people who inject dugs (PWID) (around 2800).



Above: Tayside region of Scotland, UK. Image adapted and used under terms of Creative Commons Attribution-Share Alike 4.0 International license.

Methods

Five diverse pathways of care have been established via a combination of NHS and clinical trial-based delivery:

- Conventional hospital-based hepatitis treatment service;
- Dry blood spot (DBS) HCV testing offered to clients on opiate substitution therapy (OST) attending drug treatment services. HCV therapy delivered in addiction treatment centres/community clinics;
- Pharmacist-led model of HCV testing, referral and treatment for OST clients in community pharmacies;
- DBS HCV testing offered to clients at fixed-site needle exchanges and treatment provided on-site by HCV specialist nurses;
- Opt-out HCV testing offered to all new prisoners at two prisons in Tayside. Prison nurses, trained in HCV, arrange for initiation of therapy, supported by HCV specialist nurses.

The pathways are not mutually exclusive and the aim is to reach individuals by more than one pathway to normalise and reinforce the benefits of HCV testing and treatment.

Support and Disclosure of Interest

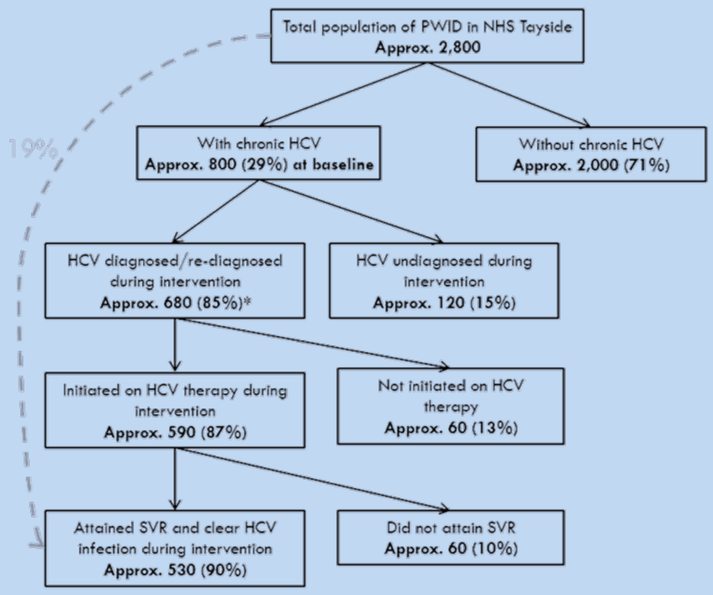
Studies contributing to this work have been supported by the Scottish Government, Janssen, Roche, MSD, AbbVie, Bristol-Myers Squib, Gilead and NHS Scotland.

SI, SC, AE, ER, JT and DT declare no conflicts of interest.

JFD has received honoraria for lectures and research grants from Janssen, Roche, MSD, AbbVie, Bristol-Myers Squibb and Gilead.

Target for microelimination

The diagram below shows the numbers of PWIDs needed to test and treat in NHS Tayside to achieve microelimination.

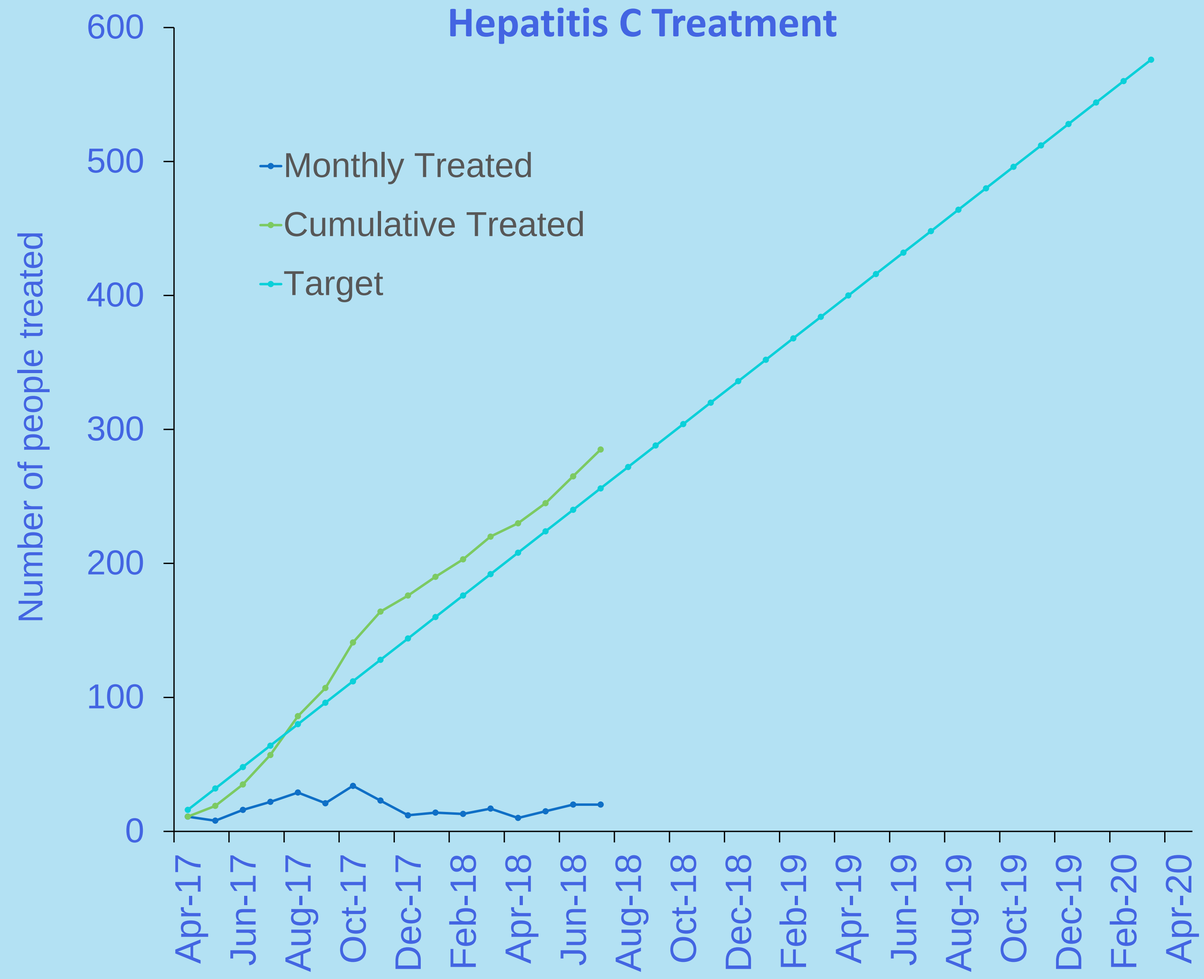


We aim to initiate treatment in 590 individuals over 3 years (April 2020)

Achieving SVR in 530 (90% of the target population) will lead to microelimination in this population.

Results

Number of People Who Inject Drugs in Tayside Initiated on Hepatitis C Treatment



The graph above shows the treatment numbers against our target to date.

The data indicate that we are currently on target to achieve microelimination of Hepatitis C from the population of PWID in Tayside by 2020.

Conclusions

Scaled-up treatment delivered in novel ways designed to target individuals who are largely disengaged from conventional treatment pathways can lead to micro-elimination of HCV in defined populations.

We believe that we will have eliminated HCV in our population within two years. Lessons learned from this approach will be used to inform similar elimination plans in other populations.

Corresponding author s.k.inglis@dundee.ac.uk