

ESTIMATION OF THE CASCADE OF HCV TESTING, CARE AND TREATMENT AMONG ACTIVE PWID WHO ATTEND FOUR HARM-REDUCTION CENTERS IN CATALONIA (HepCdetect II Study)

Folch C^{1,2}, Saludes V^{2,3}, Antuori A³, Ibáñez N⁴, Reyes-Ureña J^{1,2}, Majó X⁴, Colom J⁴, Casabona J^{1,2}, and Martró E^{2,3*}; HepCdetect II Study Group.

HepCdetect II Study Group: Gasulla L⁴, Muñoz R¹, González N⁵, Cebrián S⁶, Minguell J⁷, Remírez A⁸, L. Matas^{2,3}.

¹ Centre for Epidemiological Studies on Sexually Transmitted Infections and HIV/AIDS of Catalonia (CEEISCAT), Catalonia Public Health Agency (ASPCAT), Badalona, Spain; ² Group 27, Biomedical Research Networking Centre in Epidemiology and Public Health (CIBERESP), Instituto de Salud Carlos III, Madrid, Spain; ³ Microbiology Service, Germans Trias i Pujol University Hospital and Research Institute (IGTP), Badalona, Spain; ⁴ Program on Substance Abuse, ASPCAT, Barcelona, Spain; ⁵ El Local, Fundació IPSS, Sant Adrià del Besòs, Spain; ⁶ AIDE ONG, Terrassa, Spain; ⁷ Fundació AMBIT Prevenció, Prat del Llobregat and Gavà, Spain; ⁸ AEC GRIS Fundació Privada, L'Hospitalet de Llobregat, Spain.

*Corresponding author: **Elisa Martró**

Microbiology Service, Germans Trias i Pujol University Hospital and Research Institute (IGTP). E-mail: emartro@igtp.cat

Background:

In Catalonia, approximately 6000 people who inject drugs (PWID) attend the harm-reduction center (HRC) network. While most HRC offer the rapid HCV antibody test, PWID still face numerous barriers to access healthcare services. We aimed to estimate key stages of the HCV cascade among PWID.

Methods:

A cross-sectional study of active PWID was performed in 2016-17 in four HRC. A convenience sample of 410 participants was tested for both HCV antibodies (rapid test) and RNA (dried-blood spots –DBS–; 96.1% sensitivity, 100% specificity). Self-reported behaviors, testing practices, current status, linkage to care and treatment were recorded by HRC staff. The proportion of antibody screened and antibody positive was referred to all participants. The proportions of treated and cured were referred to the total number of HCV-RNA positive or cured by treatment. These proportions were applied to the total population of PWID attending these four centers (N=2258).

Results:

Overall, 85.4% were men, average age of 40 years and 17.7 years of injection. Among the 2258 PWID attending HRC, 94.3% (n=2130) were previously HCV screened, 79.8% (n=1802) antibody positive, and 65.4% (n=1477) HCV-RNA positive or cured with treatment. Among the latter, 33.1% (n=488) had ever started treatment, and 23.5% (n=347) had been cured by treatment. According to DBS testing results it was estimated that 1321/2258 (58.5%) were still living with HCV and in need for treatment, 35.9% being unaware of it.

Conclusion:

This pilot study highlights the potential benefit of: i) DBS testing at HRC to improve diagnosis rates of viremic infection, and ii) decentralized treatment in the HRC setting to improve treatment rates. This methodology will be used to estimate the HCV cascade among PWID in the whole region of Catalonia and generate crucial data for the recently developed Catalan Hepatitis C Plan in order to achieve WHO elimination goals.

Disclosure of Interest Statement: EM is an advisory board member and has received research grants, as well as travel sponsorship and personal fees from Gilead as speaker in meetings. This study was partly funded by the competitive Fellowship Program from Gilead Spain (grant number GLD16-00135), but Gilead had no role in study design, data collection and analysis, decision to publish, or preparation of the abstract.

This study was also funded by public grants number PI15/000284 (Instituto de Salud Carlos III/FEDER, European Union) and CPII15/00028 (Miguel Servet II, ISCIII/FSE, European Union).