

## THE HEPATITIS C CASCADE OF CARE AND TREATMENT OUTCOMES AMONG PEOPLE WHO INJECT DRUGS IN A NORWEGIAN LOW-THRESHOLD SETTING: A REAL LIFE EXPERIENCE

### Authors:

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### Background:

Improving hepatitis C virus (HCV) treatment uptake and outcomes among people who inject drugs (PWID) is crucial to achieve the WHO elimination goals. The aim of this study was to describe the cascade of care, treatment outcomes and reinfection rates in an urban cohort of PWID attending a low-threshold HCV clinic.

### Description of model of care/intervention:

The clinic was established in 2013 within the premises of Oslo's harm reduction services and is staffed by a general practitioner and two nurses with specialist support. The nurses draw blood, operate a portable transient elastography and provide individually tailored HCV treatment with emphasis on flexibility and ambulant work.

### Effectiveness:

By March 2019 the clinic had tested 617 individuals, of whom 403 (65%) had chronic HCV infection. 329 of 403 (82%) were subsequently assessed with elastography (16% had LS>12.5 kPa) and 261 of those (79%) had initiated treatment. Cumulative treatment uptake among viremic individuals was 65% (261 of 403). Among 142 untreated individuals, 68 were retained in care, 67 were lost to follow-up and 7 had died. Among 129 individuals due for SVR4 assessment by March 2019, mean age was 48 years, 76% were male and 26% had LS>12.5 kPa. Injecting drug use during treatment was reported by 81% and 79% received OST. In intention to treat analysis, SVR4 was observed in 99 of 129 (77%), two had virological failure, five discontinued treatment and 23 were lost to follow-up. In observed analysis, excluding discontinuations and loss to follow-up, 99 of 101 (98%) achieved SVR4. Four cases of possible reinfection (incidence 4.2/100 PY; 95% CI 1.1-10.7), of which three cases were probable cases (incidence 3.1/100 PY; 95% CI 0.64-9.1), were observed over 96 PYFU.

### Conclusion and next steps:

Demonstrating promising treatment uptake and high virologic response, this study provides real-life data on the feasibility of a model of care that could be disseminated to other urban areas.

### Disclosure of Interest Statement:

*HM and OD: consultant/advisor and lecture fees from Abbvie, Gilead and MSD*

*The clinic uses a mobile transient elastography device donated from Abbvie*