

## CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF CHC ACCESS TO TREATMENT WITH DAAs

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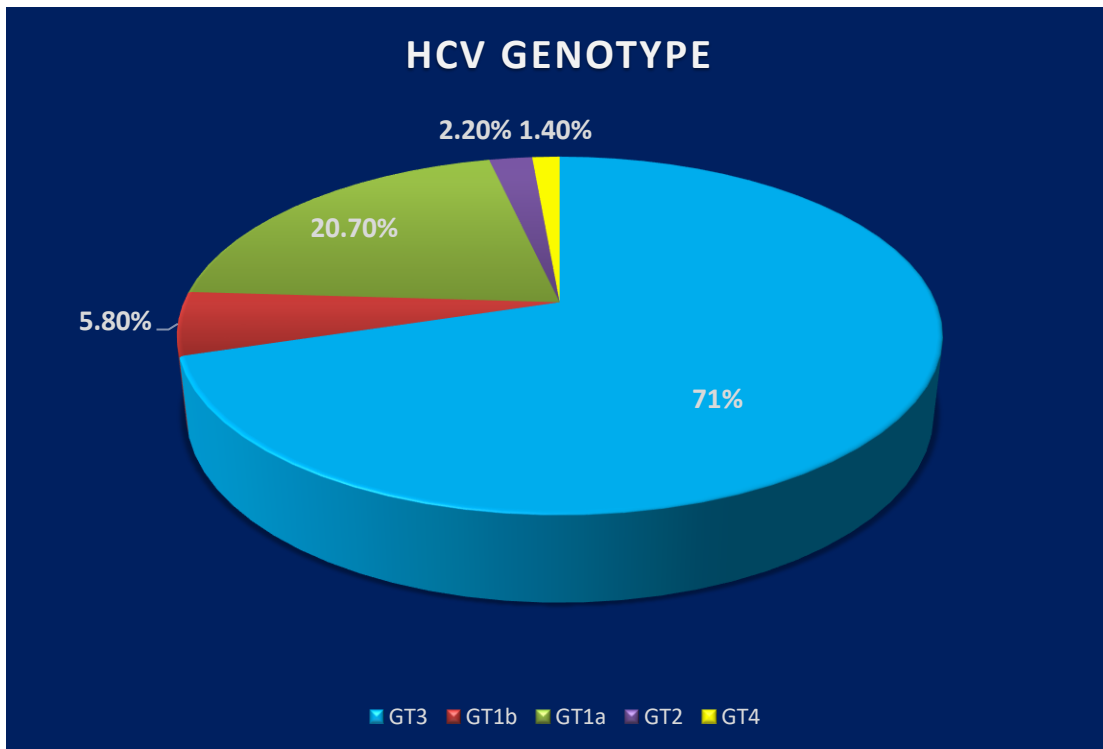
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**Background:** Use of IVDU drugs is a major cause of CHC infection. IVDU with CHC patients who participate to drug substitution programs are estimated at around 7,000-8,000 patients in our country(Hellas). The purpose of our study is the recording of IVDU/CHC users characteristics and the opportunity to start treatment with the newer antivirals (DAAs) according to the criteria of National Department of Health.

**Description of model of care/intervention:** The analysis of 220 IVDU- CHC patients epidemiological, virological and clinical data who have been treated or not with the newer antiviral drugs (DAAs).

**Effectiveness:** We analyzed the data of 220 CHC patients (72.5% men, mean age  $38 \pm 10$  years), 52% who had a previous history of PEG IFN and RIB without achieving SVR. Substitution programs (62% methadone, 34% buprenorphine) followed 60% and 38% reported sporadic or systemic use of substances. 1/3 had coexistence (hypertension, diabetes, psychiatric history). Adherence to HIV and HBV was observed in 1.1% and 3.2%, respectively. The genotypes of HCV infection were: GT3: 71%, GT1a: 20.7%, GT1b: 5.8%, GT2: 2.2%, GT4: 1.4%. The mean HCV-RNA PCR was  $1,3 \times 10^6$  IU / ml  $\pm 3.1 \times 10^6$ , and 75% of patients with GT1a had HCV-RNA levels  $> 800,000$  IU / ml. The average elastography value was  $8.5 \pm 7$  kpa (2.1-58 kpa). 17% of patients had evidence of liver cirrhosis (5% decompensated cirrhosis, 1 with liver cancer). Elastography value  $<7$  kpa (F0-F1) had 58% of patients.



**Conclusion and next steps:** HCV patients with CHC infection have significant viral load of morbidity (1/3 co-morbidity). Most IVDU patients with co-morbidity with CHC infection are excluded from newer antiviral therapies because they do not meet the National Department of Health access criteria.

**Disclosure of Interest Statement: See example below:** The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

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