

## HCV MICRO ELIMINATION IN A REAL WORLD SETTING AT SUBSTITUTION PROGRAMS IN ATHENS, GREECE

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**Background** Micro-elimination is a recommended approach for selected populations (eg people who use drugs, prisoners) within the framework of the HCV elimination strategy. Our aim was to present the results of our effort in people receiving opioid substitution treatment (OST) in Greece.

**Methods** We conducted a retrospective analysis of 395 individuals enrolled in two different OST programs in Athens by December 2018. The HCV micro-elimination project was incorporated into a preexisting multidisciplinary initiative between the OST physician and a General Hospital Liver Unit. In an effort to create a patient-friendly environment that resembles as much as possible a "one-stop center", clinical assessment, blood sampling and transient elastography were conducted in the OST clinics; only laboratory work and drug prescription were done in the hospital.

**Result** Data of 395 subjects were studied (79.7% men, methadone/buprenorphine: 69.6%/30.4%). Anti HCV was detectable in 307 out of 386(79,5%) subjects. Patients receiving buprenorphine exhibited lower anti-HCV(+) rates (72.9% vs 82.5%, p=0.006). Further testing with PCR was available for 78.8% of anti-HCV(+) patients with 76.4% of those tested being serum HCV RNA positive. HCV RNA detection rates did not differ between those on methadone or buprenorphine. The genotypes distribution (N=148) was : G1:25.6% (78.9% G1a), G2:2.7%, G3:60.8% and G4:10.8%.

Antiviral treatment was initiated in 134/185 (72.4%), of them 103 (76.9%) received DAAs.

Buprenorphine substitution therapy is associated with higher anti-HCV treatment initiation rates compared to methadone (81.0% vs 68.5%, p 0.002). Three cases of DAA treatment failure were recorded, whereas 2 reinfection cases were detected during post DAA treatment follow up.

**Conclusion** Micro-elimination is a feasible approach when multidisciplinary cooperation has been achieved. In Greece, patients receiving buprenorphine seem to have lower anti HCV(+) prevalence, but increased rates of treatment initiation. The role of substitution type needs further investigation in order to identify factors which may increase treatment receptiveness.

**Disclosure of Interest statement:** None