

FEASIBILITY OF HCV MICRO-ELIMINATION IN TWO HARM REDUCTION SERVICES IN MILAN

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Background:

With the advent of new direct antiviral agents, the WHO set the goal of hepatitis elimination by 2030. HCV micro-elimination is a pragmatic approach to break down national elimination goals into smaller goals for individual population segments to which targeted interventions can be devoted. Substance users represent a crucial high-risk population for HCV infection. In our study, we assess the feasibility of HCV micro-elimination in people who use or inject drugs (PWUD), through a decentralised HCV *test&treatment* approach at the harm reduction services (HRSs).

Description of model of care:

Applying a patient centred approach, from the January 1, 2019, we decentralized HCV specialised care in two HRSs located in Milan and launched an HCV *test&treat* intervention for all the PWUD accessing the services. We closed the data collection on January 1, 2020.

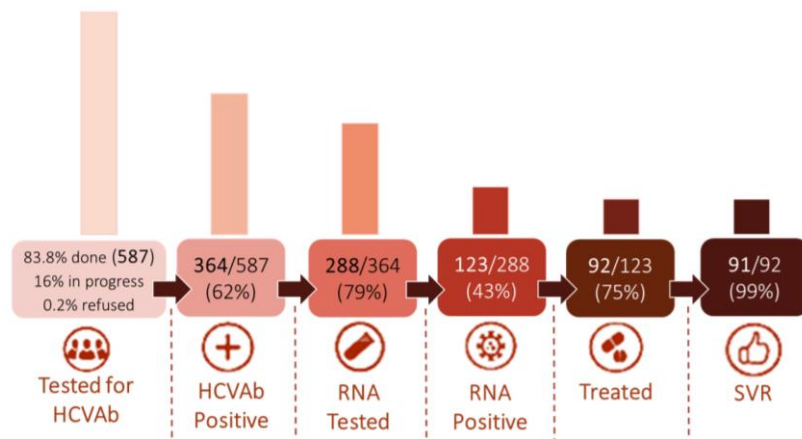
Effectiveness:

A total of 702 HRSs' users (583 M, 119 F) visited the HRSs during the study period (median age:45). Overall, the 28% reported current or prior judiciary problems and the 19% were receiving treatment for psychiatric conditions. The majority reported consuming mainly heroin (67.5%; 474), followed by cocaine (24.1%; 169), THC (5.3%; 37) and other substances (3.1%; 22) to other substances. Figure 1. shows the *test&treatment* cascade. In our population, the prevalence of current infection among the individuals tested was 21%(123/587) and we were able to give the treatment to the 75%(92/123). Compliance was high; one treatment failure was registered.

Conclusion and next steps:

Our study demonstrate that it is feasible to achieve good efficacy and compliance for HCV treatment among PWUD when decentralising treatment to HRS. HRSs population is extremely dynamic, most of the HCV RNA positive individuals who we were not able to treat were transferred to hospitals, prisons or mental health services. To achieve HCV micro-elimination in PWUD, HRS-based model of treatment provision needs to be implemented at larger scale and integrated with other services and settings.

Figure 1. HCV test&treatment cascade in the two HRSs included in the study.



Disclosure of Interest: None