

# ENHANCING THE HEPATITIS C (HCV) CARE CASCADE FOR PEOPLE WHO INJECT DRUGS (PWID) AT THE STOCKHOLM NEEDLE EXCHANGE – RESULTS FROM FIBROSCAN EXAMINATIONS AND HCV TREATMENT

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## **Background:**

The Stockholm Needle Exchange has since the start in 2013 enrolled 3050 participants. 43% inject mainly heroin and 43% amphetamine. Overall mean age is 39 and mean duration of injection drug use is 18 years. HCV prevalence is 60%. Although injection risk behaviour is significantly reduced over time, HCV incidence is still high (22/100 person years). So far little is known about HCV related liver morbidity and HCV treatment uptake has been low. Since January 1<sup>st</sup> 2018 participants are offered HCV treatment with no reimbursement restrictions.

## **Approach:**

203 chronic HCV participants were included between December 2016 and April 2018. All underwent Fibroscan examination, participated in a questionnaire-based interview including questions regarding alcohol use (AUDIT-C) and blood was drawn for expanded blood tests, including liver function tests and B-PEth. Since October 2017, HCV treatment was offered in accordance to Swedish guidelines and all participants were followed-up with repeated HCV RNA testing every third month post SVR.

## **Outcome:**

153/203 (75%) were males. Overall mean age was 44 years and mean IDU duration was 22 years. 68% injected amphetamine. Genotype 1a and 3a dominated (39 and 47% respectively) and distributions of fibrosis score were 71% F0-F1, 14% F2, 9% F3 and 6% F4. 34% reported risk use of alcohol and 37% had an elevated B-PEth indicating harmful use of alcohol.

So far 26 participants (90% amphetamine users) have initiated HCV treatment. 17/17 (100%) were HCV RNA negative at EOT and 6/6 (100%) had an SVR. Further data on SVR and reinfection is pending and will be presented at the Symposium.

## **Conclusion:**

Bringing diagnostics and treatment to low threshold clinics such as needle exchanges is important for enhancing the HCV care cascade for PWID. More real world data on SVR and reinfection is needed, especially from high prevalence settings and among amphetamine users.

## **Disclosure of interest:**

MK has been a speaker and participated in advisory boards for Abbvie, Gilead and MSD/Merck and has received grants from Gilead. OW has been a speaker and participated in advisory boards for Abbvie, Gilead and MSD/Merck. Gilead have provided for a Fibroscan at the Stockholm Needle exchange.