

A COMMUNITY-BASED PROGRAM TO INCREASES DIAGNOSIS AND TREATMENT FOR HCV INFECTION AMONG HIGH-RISK PEOPLE WHO INJECT DRUGS IN THESSALONIKI, GREECE (ALEXANDROS PROGRAM)

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Background:

A community-based program is implemented in Thessaloniki (the second largest city in Greece) since September 2020 with the aim to screen for HCV/HIV and improve access to care among high-risk PWID.

Methods:

ALEXANDROS is a “seek-test-treat” community-based program where PWID are recruited using peer-driven chain-referral with monetary incentives (Respondent-Driven Sampling). Participation includes interviewing, rapid HCV/HIV test, blood testing (HCV genotype/biochemical evaluation) in anti-HCV(+) participants as well as counseling. All services are provided on site. PWID with available social security number are entered to the national HCV treatment registry to obtain approval for DAAs. The personnel of the program (including a peer-navigator) assist patients through all treatment stages.

Results:

During September 2019-April 2021, 1,011 unique PWID have accessed the program; 17.7% were migrants and 15.5% homeless. More than half (55.0%) were current PWID (past 30 days), 29.0% reported at least daily injecting, 20.5% were currently on opioid substitution treatment programs and 4.0% reported access to needle and syringe programs in the past 12 months.

HCV prevalence was 62.3% with 6.0% being HCV/HIV coinfecting. Previous treatment with DAAs was reported by 7.1% of anti-HCV(+) PWID. Chronic HCV prevalence among anti-HCV(+) was 61.8% with genotype 3 being the most prevalent (53.2%). Among patients with chronic HCV mono-infection, 96.4% had social security number, 95.6% were entered to national HCV treatment registry and 49.3% initiated treatment with DAAs during the program up to April, 2021. Enrollment and linkage to care is ongoing.

Conclusion:

From capture-recapture methodology, it is estimated that there are approximately 1,200 high risk drug users in Thessaloniki, but the number of those injecting is unknown. ALEXANDROS was successful in reaching rapidly a large number of PWID most in need (current PWID, not linked to harm reduction programs) and in offering HCV testing, linkage to care as well support to initiate treatment.

Disclosure of interest statement:

This work is supported by the Conquering Hepatitis via Micro-Elimination (CHIME) grant, Gilead Sciences. Additional support was provided by the Organization Against Drugs (OKANA) and Hellenic Scientific Society for the Study of AIDS, STDs and Emerging Diseases.