**STRATEGIES TO MANAGE THE HCV DISEASE BURDEN IN SLOVENIA**

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**Introduction:** There were an estimated 6 501 HCV RNA+ individuals in Slovenia in 2014. A modeling approach was used to examine HCV-related disease progression and evaluate the strategies required to control disease burden or eliminate HCV disease.

**Methods:** The infected population and associated disease progression were modeled using age- and gender-defined cohorts to track HCV incidence, prevalence, hepatic complications, and mortality. Baseline assumptions and transition probabilities were extracted from the literature. The impacts of different scenarios were considered through increases in SVR, diagnosis, and treatment.

**Results:** Under the baseline scenario, 6 501 (4 517-7 330) individuals were chronically infected in Slovenia in 2014. In 2014, it is estimated that 71% of the infected population was born between 1952 and 1992. By 2030, the infected population is projected to decrease to 5 083 (3 071-5 910), a 22% decrease from 2014. Scenarios in which treatment rates were doubled and tripled in 2017 would lead to projected decreases in viremic prevalence in 2030 by 31% and 63%, respectively, as compared to the base case. HCC and decompensated cirrhosis cases would be reduced by 38% and 41% if treatment rates were doubled and by 73% and 76% if tripled. Under an increased efficacy, diagnosis, and treatment scenario, prevalent infections would decrease by 90% by 2030, and cases of HCC and decompensated cirrhosis would decrease by 87% and 85%, respectively, as compared to the baseline in 2030.

**Conclusion:** While the prevalence of HCV in Slovenia is decreasing, cases of advanced liver disease and liver-related deaths will continue to rise over the next decade. A scenario that increased SVR, diagnosis, and treatment had a large impact on the prevalence of HCV in Slovenia. The projected impact of scenarios such as these will facilitate disease forecasting, resource planning, and rational strategies for HCV management in Slovenia.

**Disclosure of Interest Statement:** M. Matičič, S. Gregorčič and J. Videčnik Zorman have no conflict of interest. They are clinicians at the University Medical Center Ljubljana that is a public health institution and received no grants regarding the study. J. Gunter and A. Sibley have no conflict of interest. They are employees of Center for Disease Analysis and are barred from accepting any personal consulting or any other outside funding. The Center for Disease Analysis has received research funding from public and private sources (Gilead Sciences, Boehringer Ingelheim and AbbVie), but its projects are limited to basic epidemiology and modeling research.