**RETENTION IN CARE AND TESTING UPTAKE ARE MAJOR OBSTACLES TO DAA TREATMENT AMONG PWID EVEN IN INTEGRATED SERVICES**

Anne Lindebo Holm Øvrehus1,3 , Inge Birkemose2, Janne Fuglsang Hansen1,3 , Belinda Mössner1 , Peer Brehm Christensen1,3

1.Department of Infectious Diseases, Odense University Hospital, Denmark, 2. Odense Drug Treatment Center, Denmark . 3. Clinical Research Institute, Faculty of Health Sciences, University of Southern Denmark.

**Introduction:** In Denmark 50% of hepatitis C infections are undiagnosed and 20% of known infections have been evaluated for treatment. Among an estimated population of 13000 people who inject drugs(PWID) and a Chronic Hepatitis C(CHC) prevalence of 40%, prior treatment uptake has been low. Testing, delivery of and retention in care are all determinant of how far the effect of direct acting antiviral (DAA) treatment can go. In our setup in Odense, Denmark, hepatitis care has for 6 years been integrated in the drug treatment center(DTC) including FibroScan, and treatment “on site”.

Treatment as prevention for CHC is a fascinating idea in eliminating CHC. But is the population accessible?

The aim of our study was to evaluate testing uptake, and retention in care among PWIDs.

**Methods:** In Odense-DTC with 436 registered users in an Opiod SubstitutionTreatment-program, testing uptake was assessed by extracting test results from the regional laboratory. If by 01.01.2015 the latest HCVRNA was positive, the person was classified as having CHC. Retention in care was assessed by their patient record.

**Results:** Overall prevalence of CHC was 34%. 35% was out of care, 9% was followed at the hospital and the remaining 56% at the treatment center. PWIDs ≤45 years was characterized by lower prevalence, testing uptake and retention in care compared to >45 (31/39%, 63/68% and 62/70% respectively). 6% was never tested and 23% had no test the past two years (previously tested HCVRNA negative).

Complete data on disease severity and treatment uptake will be available at the meeting.

**Conclusion:** Compared to the national estimate of the HCV population, testing uptake and retention in care was high, but even in a dedicated integrated service, testing and retention in care remained an issue.