

# Treatment evaluation and uptake among persons with Chronic Hepatitis C on Opium Substitution Therapy Possibilities and limitations

Øvrehus ALH<sup>1,3</sup>, Birkemose I<sup>2</sup>, Hansen JH<sup>1,3</sup> Mössner  
B<sup>1</sup>, Christensen PC<sup>1,3</sup>.

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.



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## Disclosures

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This study is part of

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## Background

- Models on DAA treatment among people who inject drugs (PWID) suggest that treatment could work as prevention for chronic hepatitis C (CHC).
- Few studies have been done on the feasibility of delivering DAA treatment to people with ongoing drug use outside clinical trials.

## Aim, assumptions and criteria

- To investigate if Treatment as Prevention was possible to implement in our setting.
- Assumption: PWID population 1000
- Criteria for feasibility
  - To reduce CHC to levels below 5% prevalence in 10 years a treatment rate of 40-50/1000 PWID years will be needed\* - 45 persons a year.

## Setting

- Single drug treatment center in Odense Denmark
- Hepatitis outreach clinic offering blood test, fibroscan and treatment on premises
- 450 users on OST
- 94% of users tested for hepatitis C
- Baseline prevalence of CHC of 34.5%\*

	CHC population
HCV RNA positive	153 (34,5)
Median age	43 (26-66)
Gender	75% male
Genotype 1/2/3	39%/9%/52%
LSM > 12 kpa	23 (15%)
Median time since First positive test (anti HCV)	13 years (0-26)
New entry into hepatitis care	15 persons a year

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\* Øvrehus INHSU 2015

## Methods

### Cohort study

- April 2015-April 2016
  - All registered in Odense Drug Treatment Center OST department
  - Patient with CHC evaluated or invited for visit.

### Treatable

- Treated/in follow-up
- Present for consultation at outreach or hospital clinic twice in 2 years
- Compliant with cirrhosis workup

### Untreatable

- Lost to follow up/out of care
- “Severe instability”
  - Multiple missed appointments at the outreach clinic.
  - Multiple quarantines
- Severe comorbidities

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## Results

### 1 year follow-up

CHC	N= 153
Treated	43 (28%)
Treatable/ not treated	41 (27%)
Not "treatable"	59 (39%)

### "Untreatable"

- Out of care – 47%
- Co morbidities – 18%  
– terminally ill/died
- Instability/alcohol- 25%
- Other causes – 10%

## Conclusion and Challenges

### Conclusion


- Feasibility criteria for TaP met
- We would run out of patients in 3-4 years

### Challenges and limitations

- Out of care population
- OST only
- Injection networks not known
- No current treatment possibilities for "asymptomatic disease"

### Further studies

- Testing and treating in "outside OST" populations
- Reinfection and follow-up in the ODD-HEP cohort.



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