

BARRIERS TO WIDESPREAD HEPATITIS C TREATMENT AMONG PEOPLE WHO INJECT DRUGS: DATA FROM THE SAMMSU COHORT

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Background

Global hepatitis C virus (HCV) elimination will require a broad extension of treatment to people who inject drugs (PWID). PWID have historically a low HCV treatment uptake, since for several reasons their access to healthcare is limited by several barriers. We examined the cascade of HCV care and the linkage to treatment in a Swiss national cohort of patients in opioid substitution treatment (OST).

Results

As of August 2017, 560 subjects were enrolled in the cohort. HCV-Ab prevalence was 65% (362/560). Out of 362 HCV-Ab positive subjects, 287 (79%) had ever had chronic hepatitis C (CHC), while in 24 subjects (9%) CHC was excluded. For 41 subjects (11%) the status was unknown.

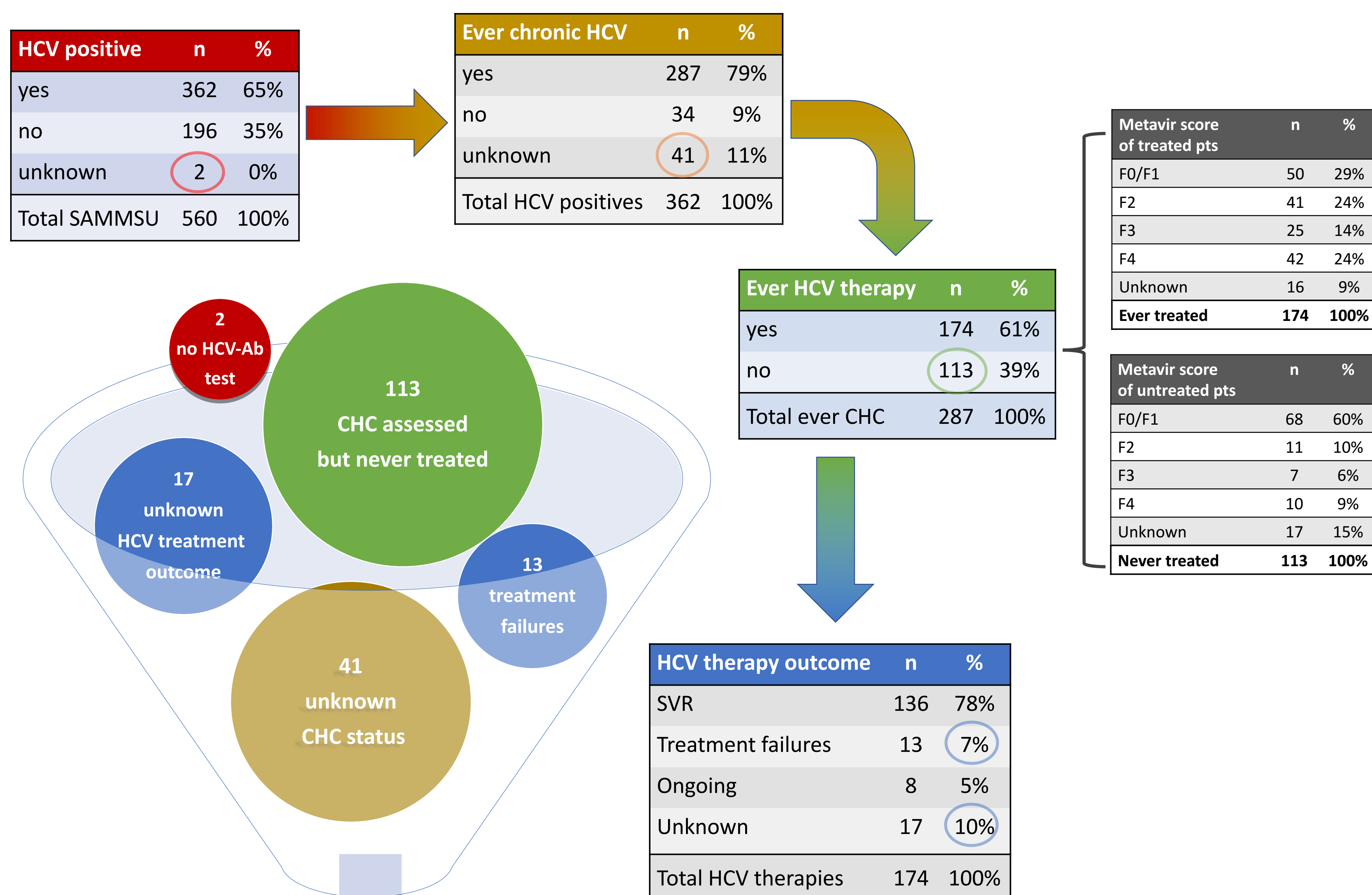
Among 174 subjects with CHC who received treatment for HCV, 136 (78%) met a sustained virological response (SVR) and 13 (7%) had a treatment failure. In 25 cases (14%) no data on the outcome was reported in the cohort: while for 8 of them the treatment was still ongoing, for 17 (10%) the outcome of the therapy was not available. As a result, of 287 CHC subjects, 136 (47%) were cured from HCV, 126 (44%) still had an active disease, for 8 (3%) the status was pending and for 17 (6%) the status was unknown. Overall, 113 subjects (39%) out of 362 CHC patients never received treatment. While 60% of them (68) had a F0/F1 fibrosis stage, 25% (28) had a F2-F4 stage and in 17 subjects (15%) fibrosis was not assessed.

The main reasons reported from physicians for not treating HCV were the unstable lifestyle of the patient (34%) and reimbursement restrictions (33%), the least recently removed in Switzerland from the prescription of HCV treatment to PWID. Lack of patient's motivation (22%), strong medical contraindications (13%) and doctor's opinion that the treatment was not necessary or to be postponed (13%) were also frequently reported, while for 19% of the patients the treatment was planned starting in the next future.

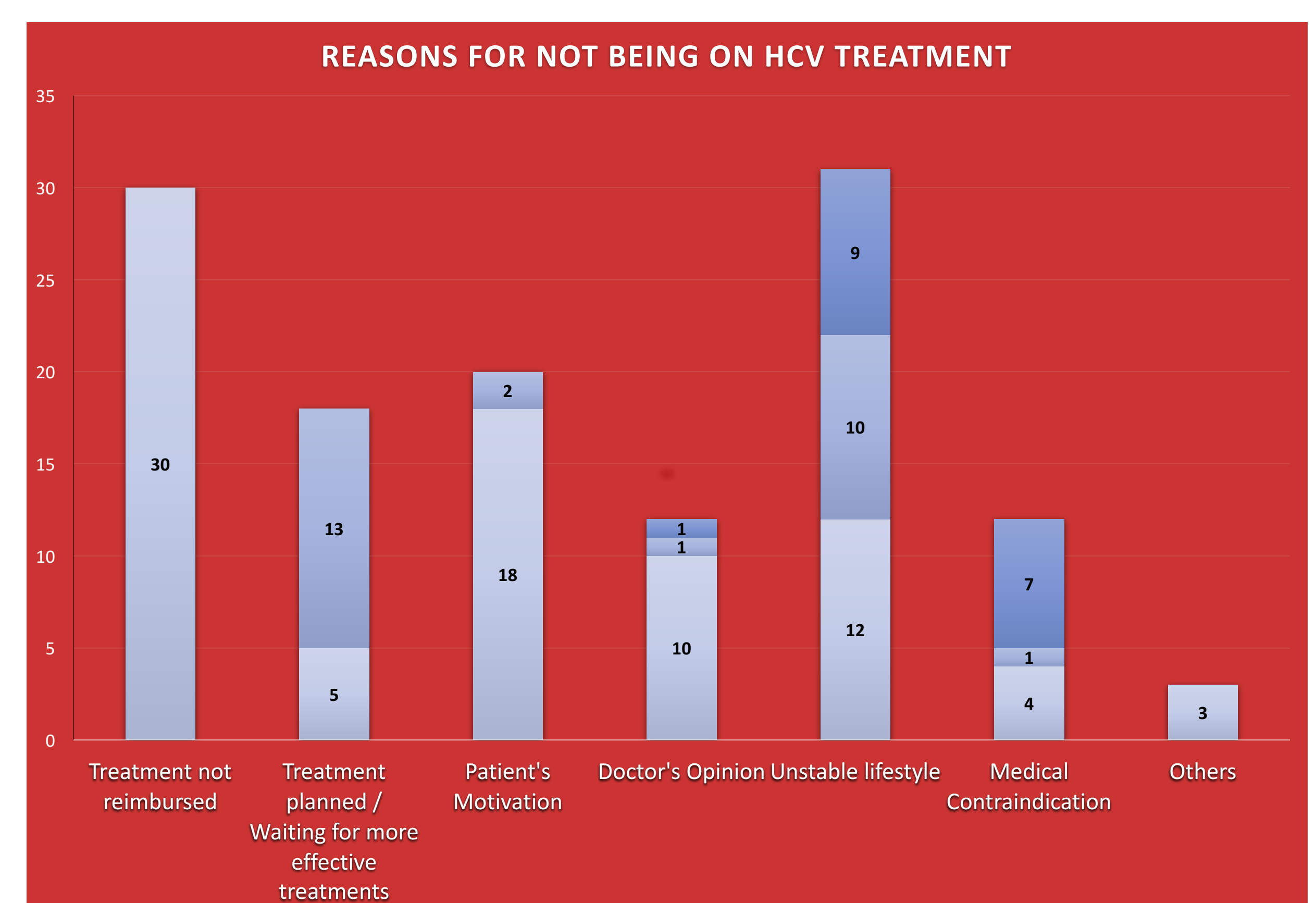
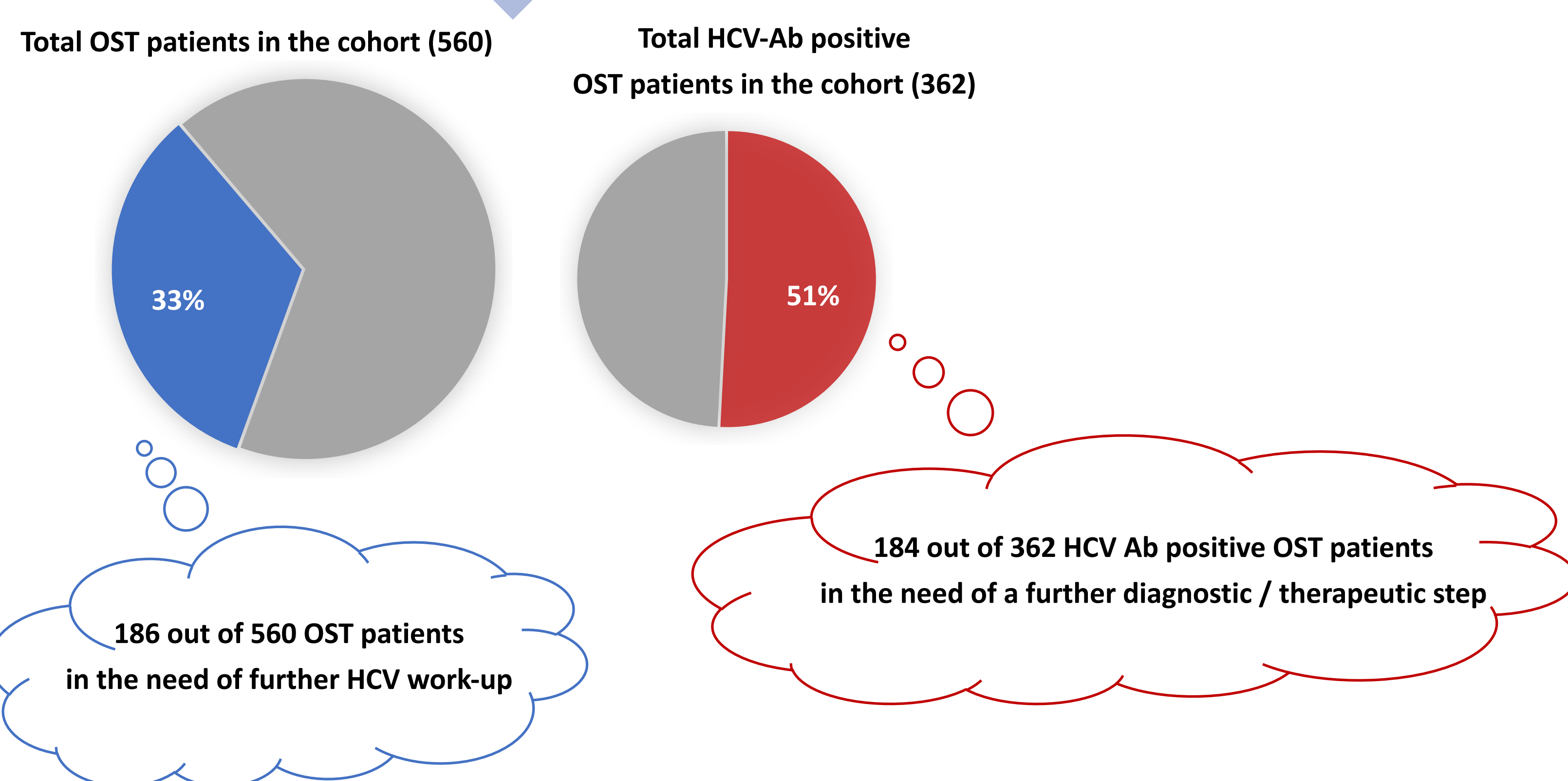
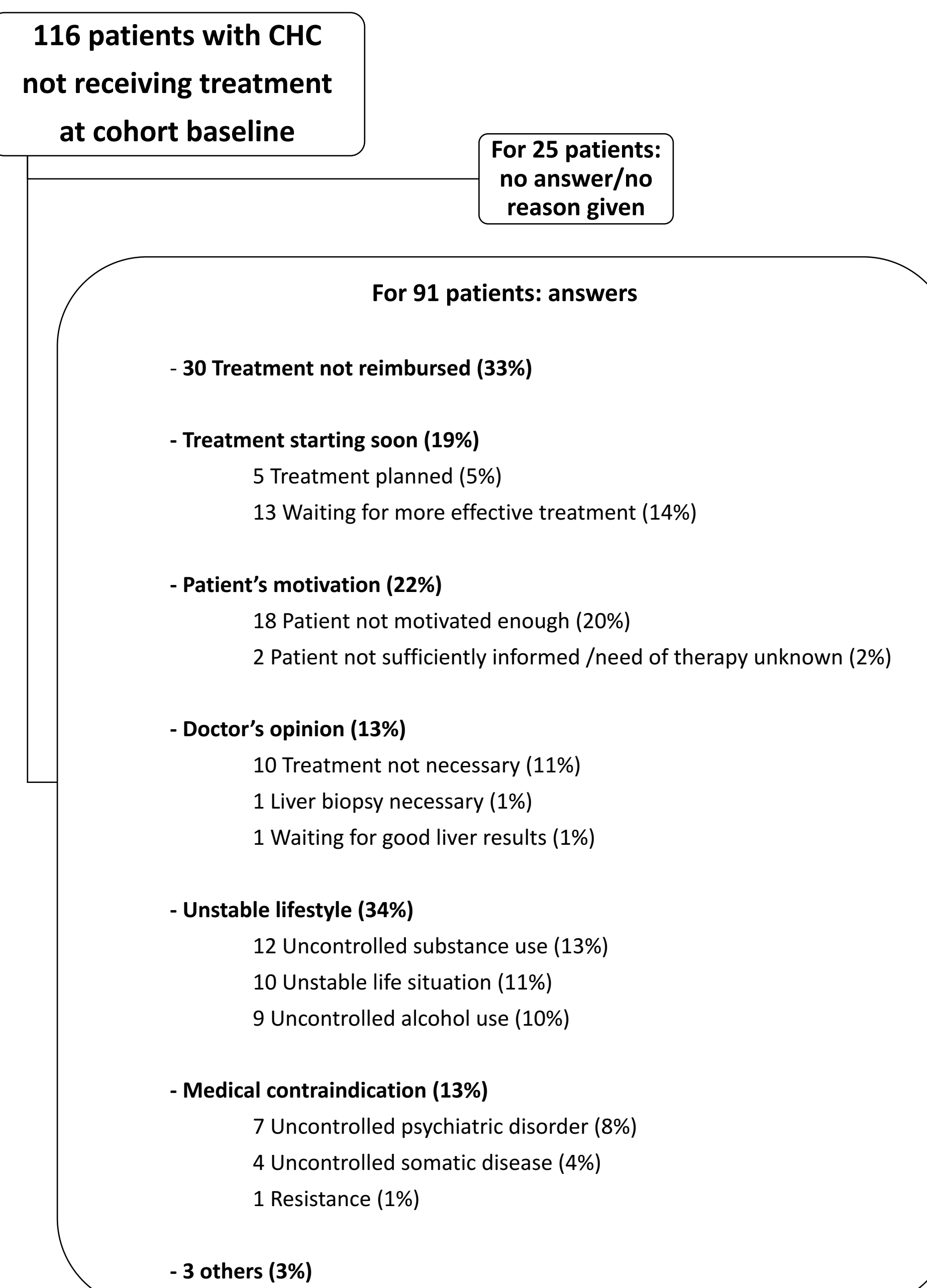
Methods

The SAMMSU cohort is an ongoing, prospective, open cohort of OST patients in Switzerland. Data are collected annually since 2014 with a wide list of key parameters including demographical and socio-economical variables, drug and alcohol use, psychiatric and somatic comorbidities and therapies. We examine the cascade of HCV care in the cohort to describe the leakage at each stage. We subsequently describe the reasons why patients in the cohort with chronic hepatitis C (CHC) at baseline were not treated for HCV.

Analysis of the HCV cascade in the SAMMSU cohort



Survey on reasons why chronic HCV is not treated in the SAMMSU cohort



Conclusions

Despite a good treatment uptake (174/287, 61%) in our population of OST patients, several barriers to access to HCV care and HCV treatment are still present. We can recognize in our cohort leakage at different stages of HCV cascade. In fact, we find that 2 patients have never been tested for HCV, 41 HCVAb positive patients have an unknown CHC status, 113 CHC patients have never received treatment for HCV, 13 patients had a treatment failure and for 17 patients the treatment's outcome was unknown. Pooling data together, we discover that about one third (186/560) of all OST patients enrolled in the cohort are in the need of further HCV work-up. More than half (184/362) of the OST patients with a positive HCV serology are in the need of at least one further diagnostic step on the HCV cascade.

The recent removal of reimbursement restrictions on the prescription of HCV directly active agents (DAAs) for PWID in Switzerland will have a strong impact on expanding the number of HCV treatments among PWID. Nevertheless, our survey shows that several different reasons play a role in limiting access to HCV care for these patients. More efforts should be made to develop management and linkage to care strategies in this disadvantaged population, with the final aim of eliminating the disease from this highly affected group and from the general population.