

## **TREATMENT WITH DIRECT ACTING ANTIVIRALS LEADS TO INCREASED UPTAKE OF INJECTING EQUIPMENT PROVISION (IEP), AND LOW RATES OF REINFECTION: RESULTS FROM A SCOTTISH COHORT**

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### **Background:**

A cohort of 90 GT3 F2/3 treatment naïve patients, treated with 8 weeks of Sofosbuvir/Velpatasvir prior to October 2017, have been previously described (72 male (80%), mean age 45, 82 (91.1%) on OST, 28 (31.1%) F3) (Boyle, J Hepatol 68:S20). 55% had self reported or urine screen evidence of drug use pre treatment. High Intention to treat (93%) and per protocol (100%) SVR rates were described. 1 patient experienced re-infection with subsequent spontaneous clearance.

We sought to examine whether utilisation of injecting equipment provision (IEP) changed following treatment, and examine re-infection rates with longer follow up.

### **Methods:**

The cohort was linked to the needle exchange database (NEO) using a standard identifier. Information on numbers registered with NEO was recorded. For the 3 months prior to treatment (PRE) and 3 months post completion of treatment (POST) anonymous data was obtained on number of patients accessing IEP, number of transactions and number of injecting kits and foil obtained.

### **Results:**

40 (44.4%) of patients were NEO registered, of whom 23 (25.5%) accessed IEP (6 PRE, 9 PRE and POST, 8 POST). Increases in total exchanges (53 PRE, 94 POST), injection kits (155 PRE, 476 POST) and foil dispensed (170 PRE, 205 POST) were seen. Updated SVR rates show an intention to treat SVR12 of 85/90 (94.4%). Of 85 patients achieving SVR12, 66 (77.7%) had a further test  $\geq$  17 weeks post treatment (mean 27, range 17-45). 65/66 (98.5%) remained PCR negative, with one low level viraemia of uncertain significance (13 iu/ml, repeat pending).

### **Conclusion:**

High SVR rates were obtained amongst a cohort with high levels of drug use. The post treatment period demonstrated increased utilisation of IEP amongst the cohort, suggesting that treatment may be beneficial in promoting safer injecting practice. To date, no confirmed cases of re-infection have occurred.

### **Disclosure of Interest Statement:**

Boyle A has received Grants and support to attend conferences from Abbvie and Gilead.

Marra F has received speaking fees and/or educational grants from Gilead, Abbvie, MSD, Janssen

Hunter C and Campbell J have received an educational grant from Frontier Medical

Ritchie T has no relevant disclosures to declare

Peters E has received conference support and speakers fees from Gilead and Abbvie

Barclay ST has received Grants, Speakers fees and Advisory board fees from Abbvie and Gilead, and Speakers fees and advisory board fees from MSD.