

LATE PRESENTATION OF CHRONIC HEPATITIS B AND C VIRUS IN PEOPLE WHO INJECT DRUGS IN SPAIN DESPITE UNRESTRICTED ACCESS TO HBV AND HCV THERAPY

PICCHIO C¹, ROEL E¹, BUTI M^{2,13}, LENS S^{3,4,13}, J ARENAS⁵, A GOMEZ⁵, J TURNES⁶, ANDRADE RJ^{7,13}, GARCÍA-SAMANIEGO J^{8,12}, CRESPO J⁹, SIMÓN MA^{10,11}, JL CALLEJA¹², LAZARUS JV¹

1. Barcelona Institute for Global Health, Hospital Clinic, Universidad de Barcelona, Spain
2. Hospital Universitario Vall d'Hebron, Spain
3. Liver Unit, Hospital Clinic, Barcelona, Spain
4. IDIBAPS, University of Barcelona, Spain
5. Hospital Universitario Donostia, San Sebastián, Spain
6. Complejo Hospitalario Universitario de Pontevedra, Instituto de Investigación Sanitaria Galicia Sur (IISGS), Pontevedra, Spain
7. Unidad de Gestión Clínica de Enfermedades Digestivas, Instituto de Investigación Biomédica de Málaga-IBIMA, Hospital Universitario Virgen de la Victoria, Universidad de Málaga, Málaga, Spain
8. Hospital Universitario La Paz, Madrid, Spain
9. Gastroenterology & Hepatology Unit, University Hospital Valdecilla, Cantabria University, Santander, Spain.
10. Department of Digestive Diseases, Hospital Clínico de Zaragoza, Zaragoza, Spain
11. Instituto de Investigación Sanitario Aragón (IIS Aragón), Zaragoza, Spain
12. Hospital Puerta del Hierro de Majadahonda, Madrid, Spain
13. CIBER Hepatic and Digestive Diseases (CIBERehd), Instituto Carlos III, Madrid, Spain

Background: Chronic infection with hepatitis B and C virus (HBV and HCV) can progress to liver cirrhosis and lead to decompensated liver disease, hepatocellular carcinoma and liver-related death. Antiviral agents against HBV are very effective in suppressing viremia and direct acting antivirals (DAAs) for HCV have sustained virologic response rates of >95% and greatly reduce the risk of complications if treatment is initiated before the onset of advanced liver disease (ALD). The aim of this study is to assess the prevalence of late presentation in PWID in Spain.

Methods: We conducted a retrospective cohort study through clinical history revision of patients seeking first time care with a liver specialist at nine tertiary Spanish hospitals with available 2018 data. Late presentation includes ALD defined by significant fibrosis (\geq F3 assessed by either APRI score >1.5 , FIB-4 >3.2 , transient elastography (FibroScan) >9.5 kPa or biopsy \geq METAVIR stage F3) with no previous antiviral treatment. Prevalence of ALD at first consultation, mode of transmission and risk factors were analysed.

Results: 1,115 patients chronically infected were identified; 217 with HBV and 898 with HCV. ALD was detected in 14.7% (n=32) of HBV cases and in 25.3% (n=227) for HCV. Injecting drug use was the most frequent mode of transmission of HCV infection (25.9%; n=233) and 9.8% (89) cases reported an unknown mode of transmission. 77.1% (n=168) of HBV cases had an unknown mode of transmission and 0 reported cases due to injecting drug use. Overall, 24.9% of PWID presented late for HCV care.

Conclusion: Late presentation with HBV and HCV is common in Spain despite unrestricted access to antiviral therapy. To improve outcomes and reach the elimination goal adopted by WHO, strategies addressing PWID are essential. The large amount of unknown modes of transmission could contribute to an underestimation of the real number of PWID presenting late with viral hepatitis.

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