WHAT DO YOU NEED TO PLAN AND IMPLEMENT A HEPATITIS C (HCV) ELIMINATION PROJECT IN A GEOGRAPHICAL REGION: WORKED EXAMPLE

Authors: Thain D[1] Eriksen A[1] Tait J[1] Hickman M[3], Hutchison SH[4] Dillon JF [1,2]

1 NHS Tayside 2 University of Dundee 3 University of Bristol 4 Glasgow Caledonian University

Background:
Modelling suggests elimination of HCV in people who inject drugs (PWID) is possible using treatment as prevention, with estimates that prevalence reduction of HCV by 50% within 10 years is achievable by treating 15 per 1000 PWID annually (prevalence 30%).

Methods:
What treatment numbers are needed to achieve elimination in a region? This study proposes an elimination strategy of HCV in PWID by rapidly scaling up testing and treatment, achieving a 90% reduction in prevalence over a 2-year period and reducing ongoing incidence to <1%.
To plan we obtained estimates of the number of PWIDs, the prevalence of chronic HCV, available treatment and SVR rates in this population.
We have identified where PWID have contact with services, needle exchange, drug treatment centres and pharmacies dispensing Opiate Substitution Therapies (OST) and introduced dry blood spot testing to increase diagnosis rates. Treatment services are embedded in busy sites and workers in smaller sites are trained to deliver treatment.

Results:
Our region has an estimated population of 415,470 and 1600 active PWID, not on OST. Baseline chronic prevalence is 29% therefore we estimate there will be 464 individuals who are HCV positive in this population. Over 2 years we aim to diagnose 394 (85%), initiate 335 (85%) onto therapy and achieve a 90% SVR in over 300 cases.

Conclusion:
The numbers of treatments and changes in services to achieve elimination are achievable in most regions and settings. Early indications are that we will meet these aims. A larger investment is required in the short term however this will likely be more cost effective than a 10-year plan due to reduced re-treatment.

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