

HEPATITIS C TESTING, CARE AND TREATMENT AT HARM REDUCTION CENTRES IN THE EUROPEAN UNION: A 28-COUNTRY SURVEY OF SERVICE PROVIDERS

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Background: Major international organizations, including UNAIDS, UNODC and WHO, recommend that viral hepatitis prevention, vaccination, diagnosis and treatment be available to people who inject drugs (PWID) as part of a comprehensive harm reduction package. In the context of the 2016 WHO global viral hepatitis elimination strategy, and the recent introduction of direct acting antivirals that can cure more than 95% of chronic hepatitis C virus (HCV) cases, the European Joint Action on HIV and Co-infection Prevention and Harm Reduction undertook a study to collect data on HCV testing, care and treatment from harm reduction service providers in the European Union (EU).

Methods: In 2017, we invited 38 purposively-selected providers of harm reduction services for PWID in the 28 EU member states to complete a 26-item online survey addressing the availability, accessibility and funding of harm reduction services. Data were captured using the RedCap online survey platform. We extracted key HCV-related data and reported findings by country (n=29, as England and Scotland are reported separately) or responding organisation.

Results: The response rate was 100%. Respondents from 22 countries reported that hepatitis C tests are offered by harm-reduction services in their countries. Respondents from 7 countries reported that addiction specialists in their countries are able to prescribe HCV therapy. Almost half of the respondents (45%) said that their respective organizations had established referral systems with hospitals or clinics that administer HCV treatment.

Conclusion: Eliminating hepatitis C requires a concerted effort targeting people who inject drugs. This study indicates that not all EU countries have harm reduction services that provide HCV tests, and that many harm reduction services have not established referral systems with HCV treatment providers. Further, the reported lack of prescribing of HCV treatment by addiction specialists in many countries points to missed opportunities to make treatment more accessible.

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