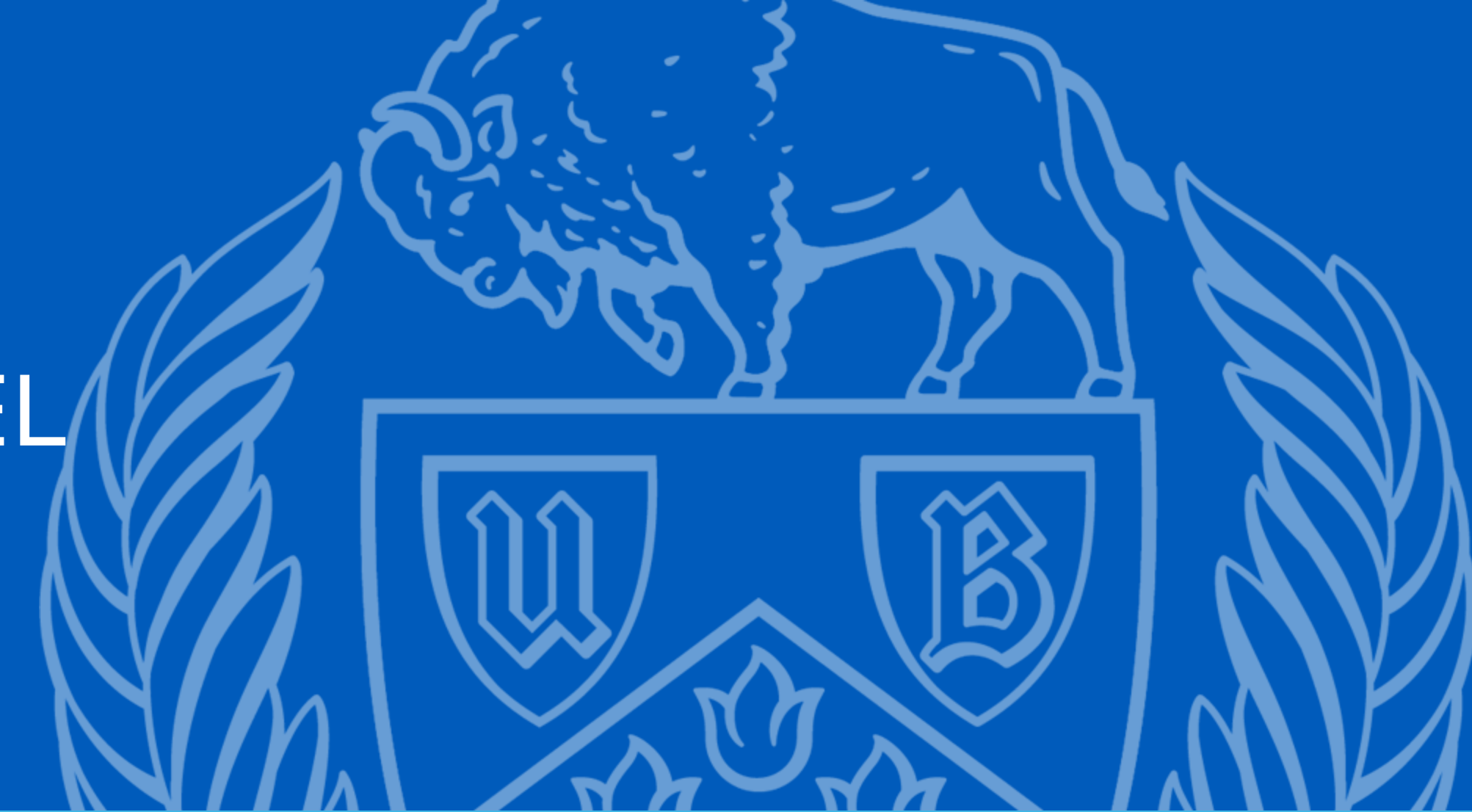


HCV MICRO-ELIMINATION: IMPLEMENTATION OF THE INTERNIST-ADDICTION MEDICINE-HEPATOLOGY COLOCALIZATION (IAHC) MODEL

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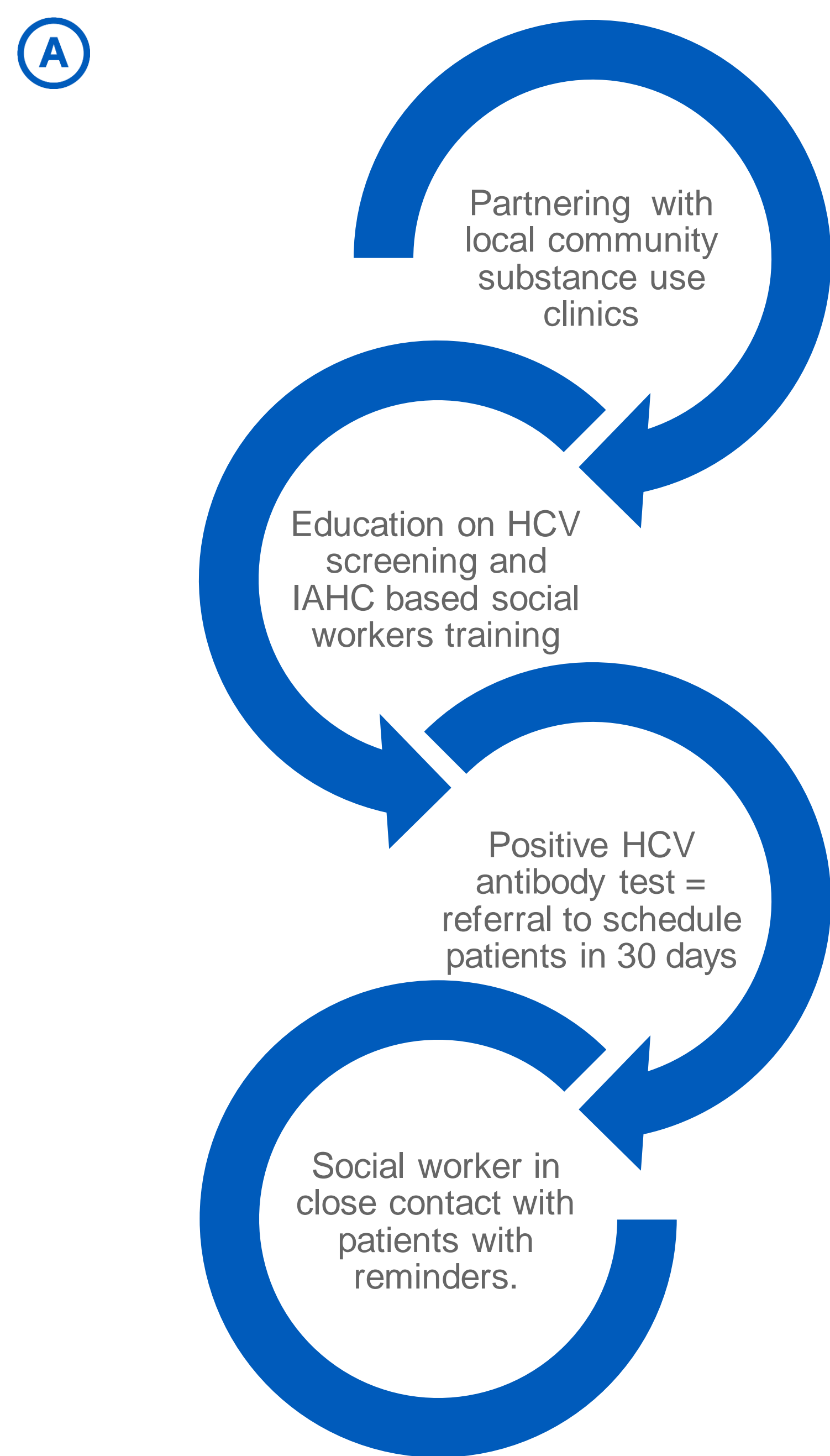


Introduction

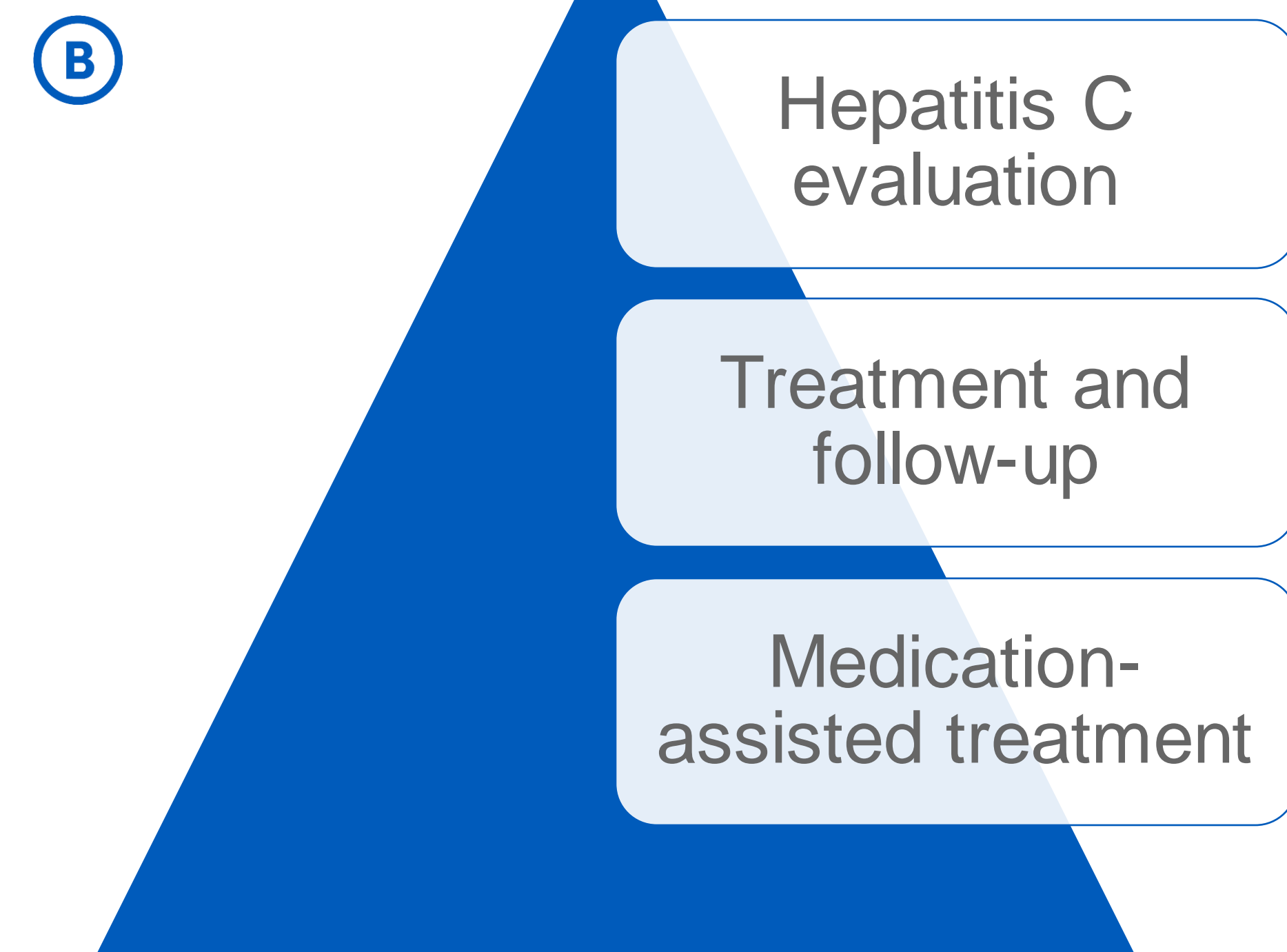
- 2.5 million people in the United States are living with hepatitis C (HCV) with 80% of new infections occurring among People Who Inject Drugs (PWID)
- Rates of acute HCV among people age 18-29 have increased 400%.²
- WHO aims to eradicate HCV globally by 2030.³

Methods

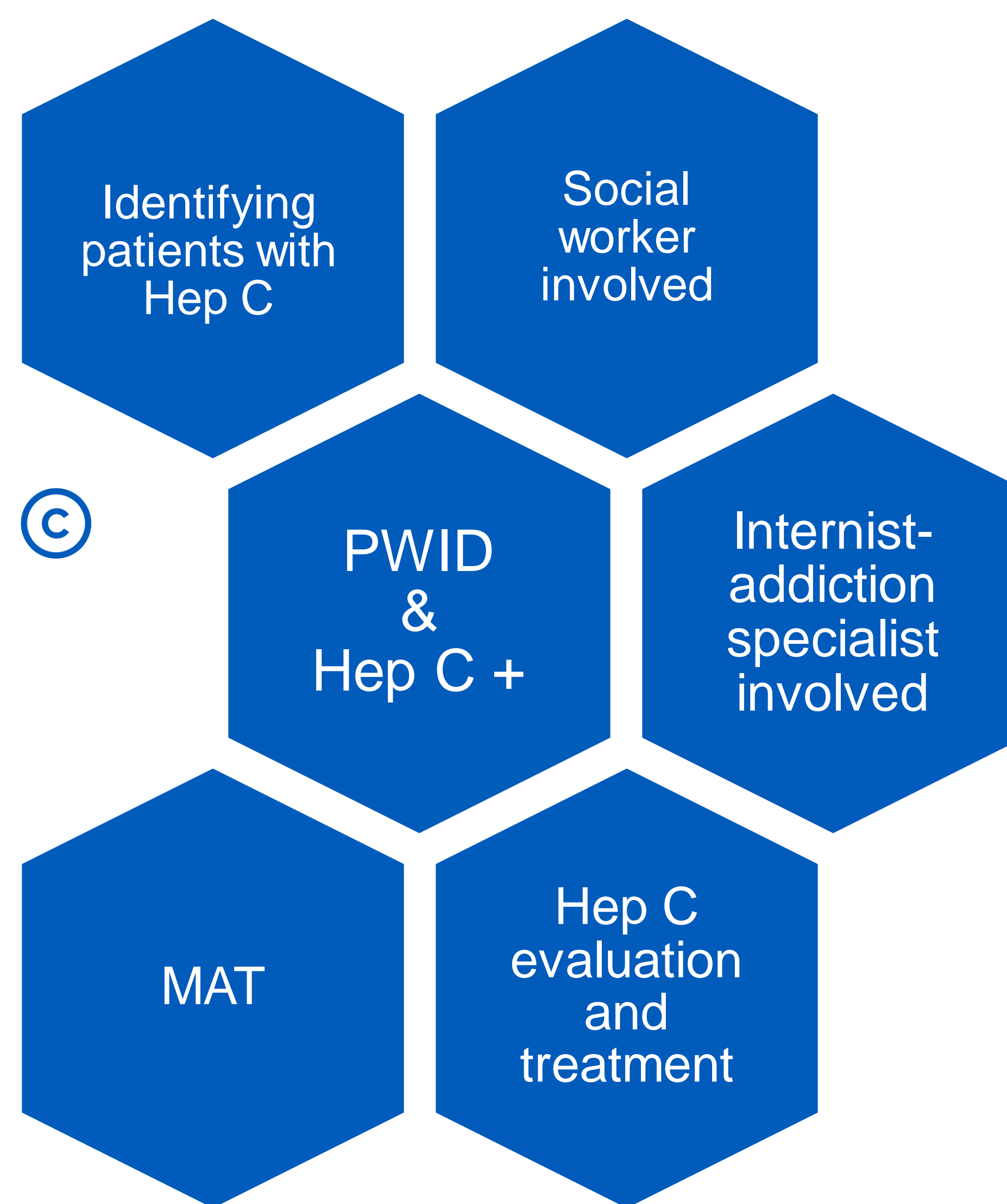
This study describes the internist- addiction medicine-hepatology colocalization model (IAHC), an integrated, co-located program in which an internist-addiction medicine specialist evaluated opiate dependent patients for HCV infection in the hepatology clinic.



IAHC colocalization model



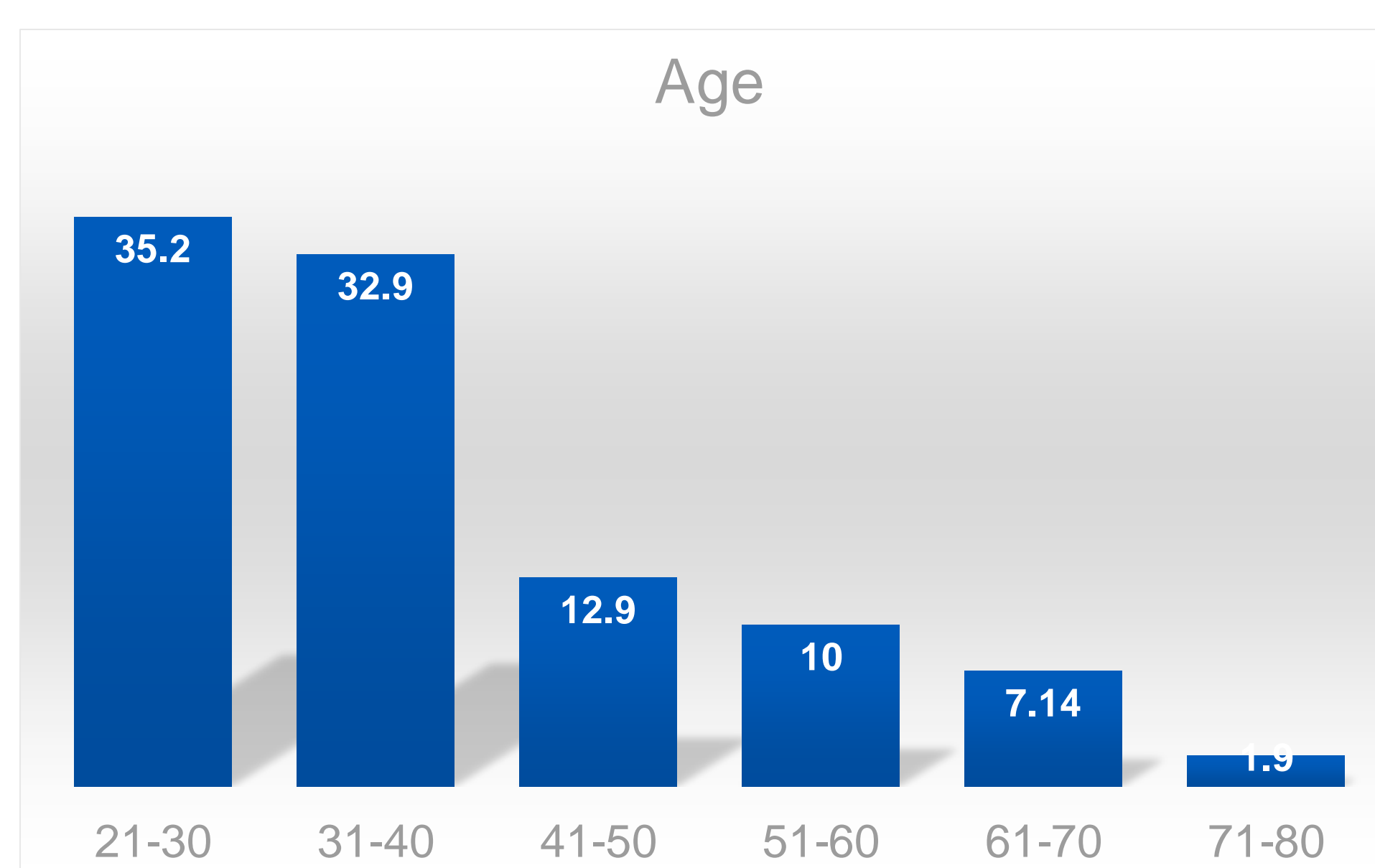
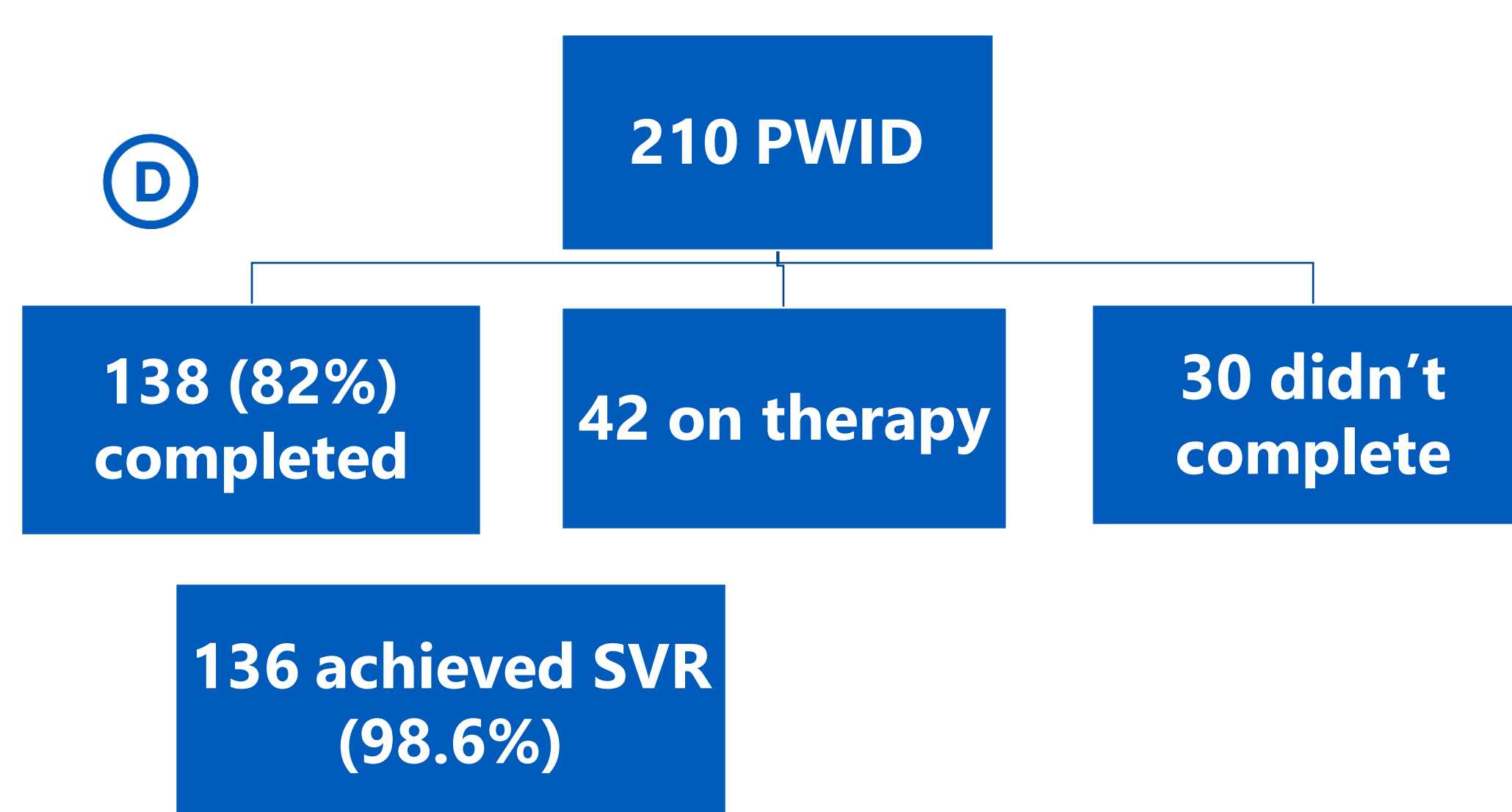
Role of Internist-addiction medicine specialist



IAHC colocalization model

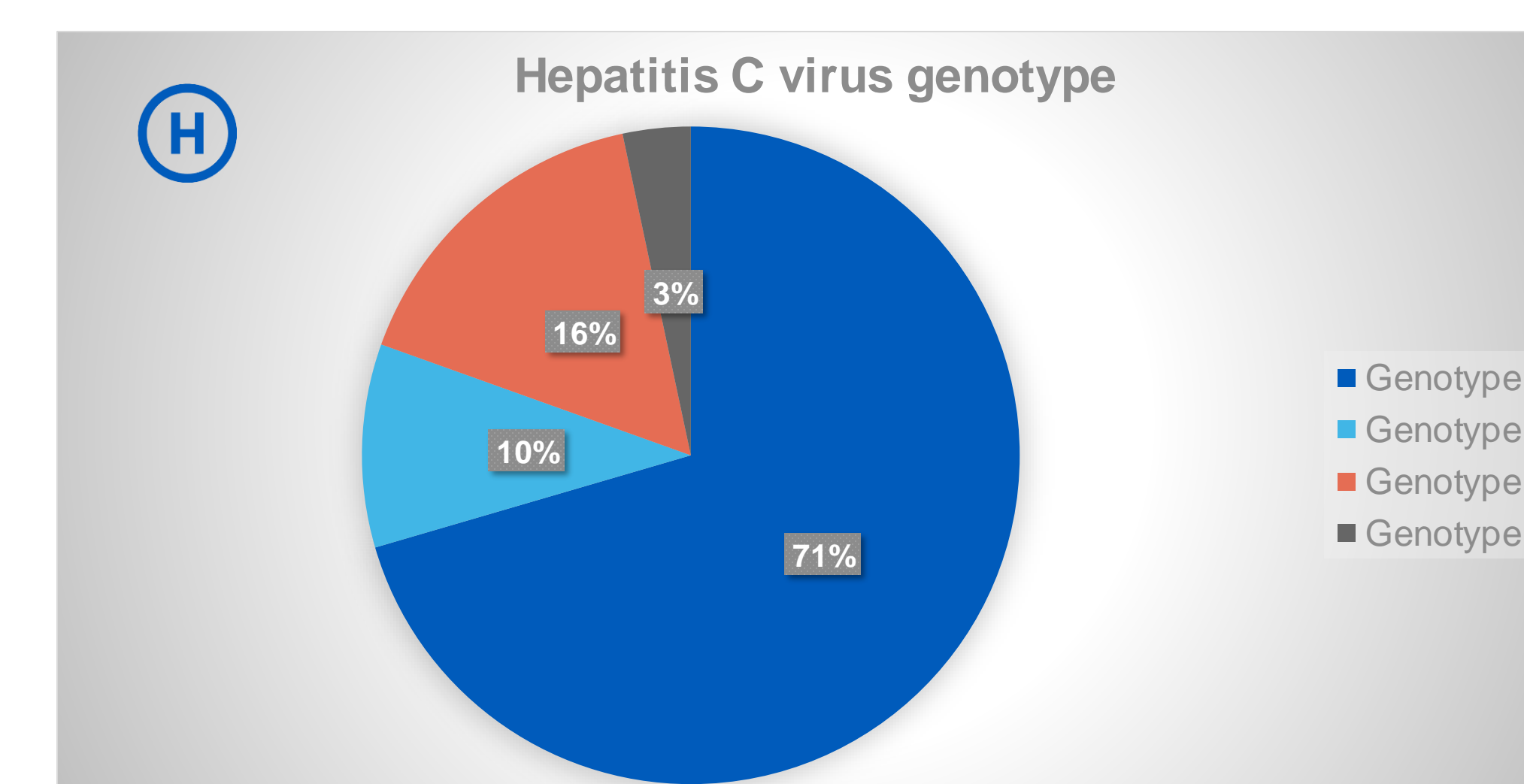
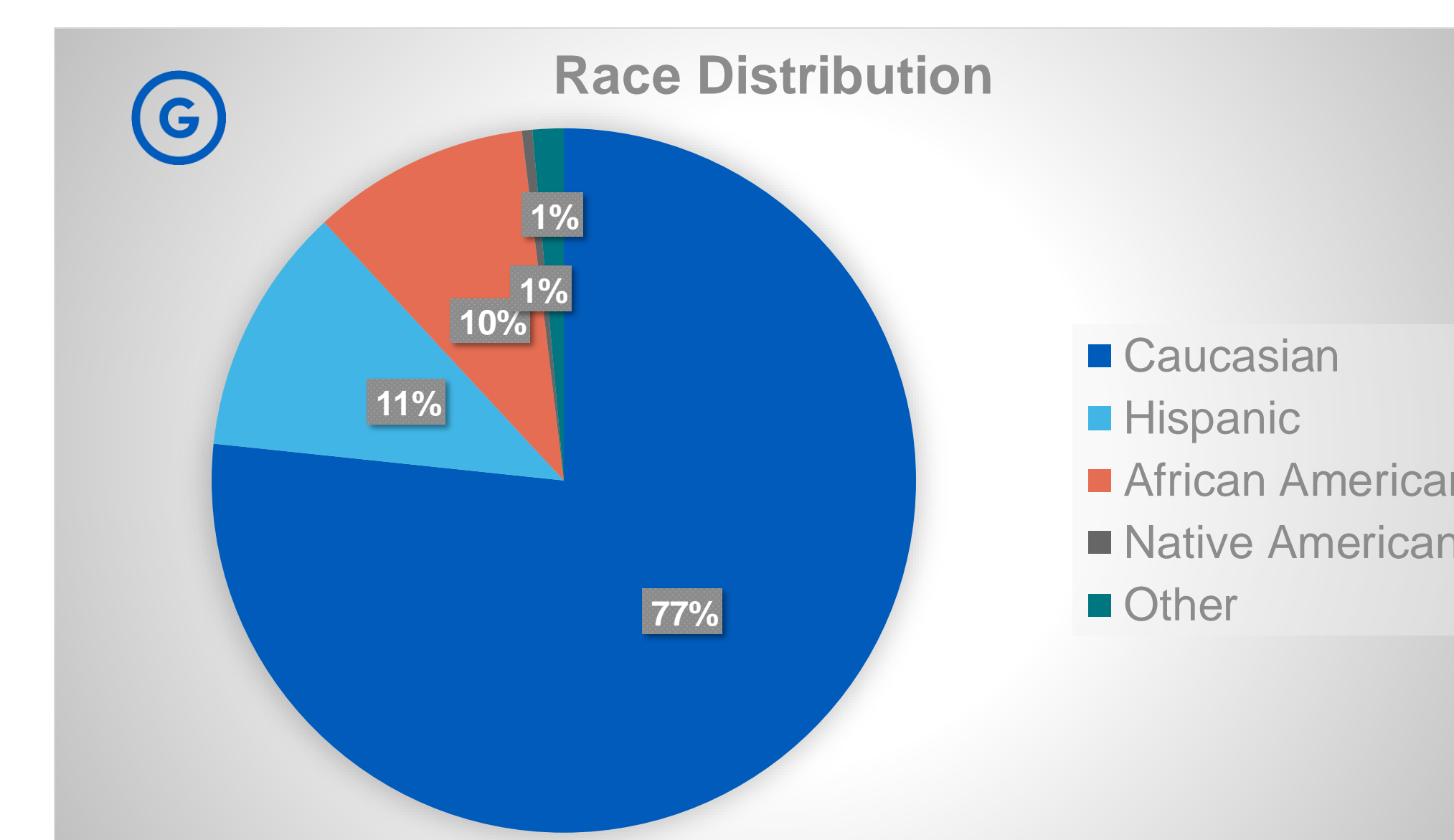
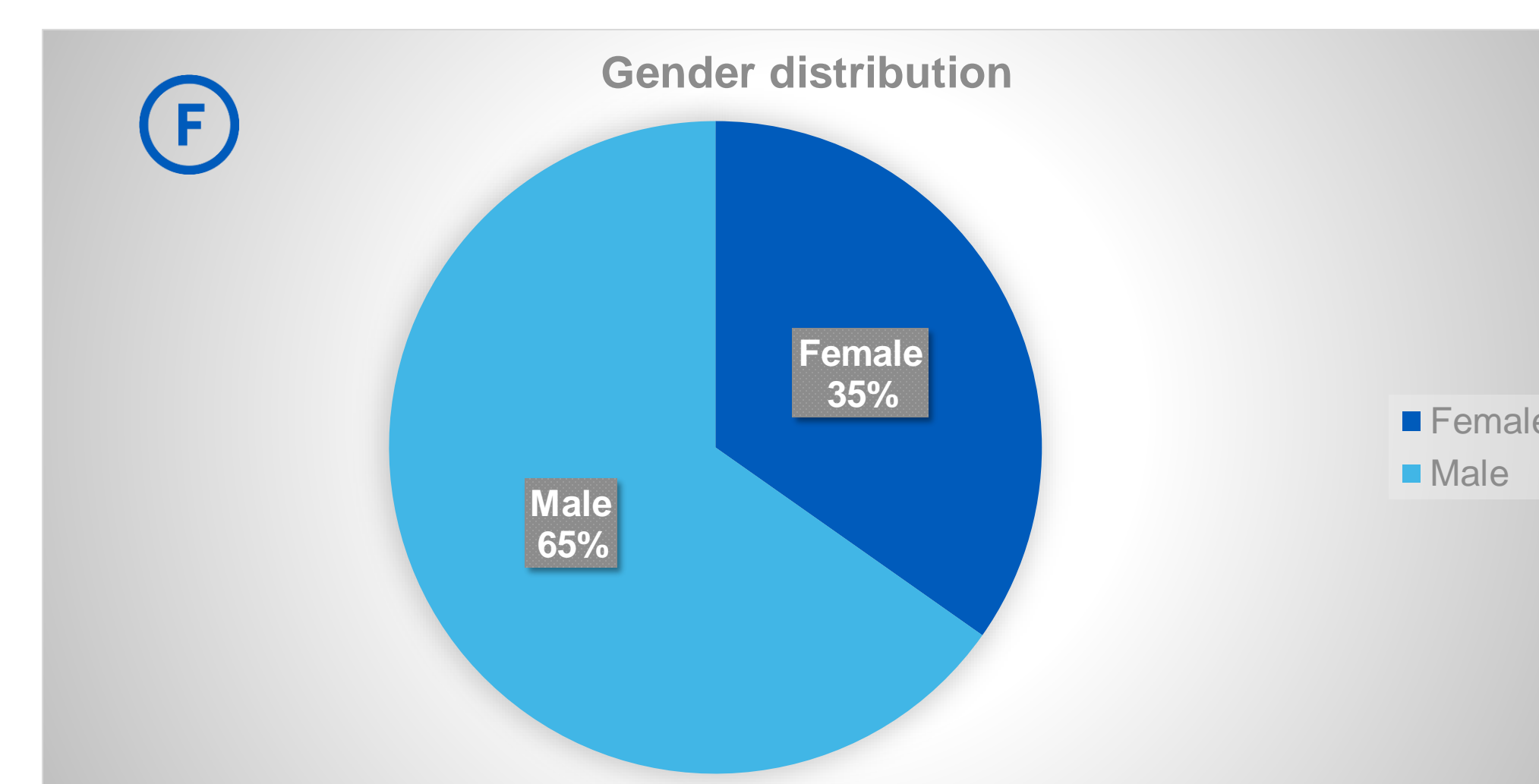
Results

- 210 PWID were evaluated for HCV. 138 individuals completed therapy of whom 136 achieved SVR (98.6%).
- 42 patients remain on treatment. 30 individuals were lost to follow up.
- 57 individuals initiated MAT in conjunction with HCV therapy.
- There were 5 reinfections, 4 of whom were retreated with SVR and 1 patient remains on treatment.



Age Distribution

Age Distribution	
21-30	35.2%
31-40	32.9%
41-50	12.9%
51-60	10%
61-80	9.1%



Conclusion

- The IAHC model of care is an effective strategy for HCV micro-elimination resulting in improved treatment uptake among PWID and high SVR rates.
- Early treatment of HCV can also result in increased treatment uptake for opiate dependency.

References

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- CDC report 2017: <https://www.cdc.gov/nchhstp/newsroom/2017/hepatitis-c-and-opioid-injection-press-release.html>
- WHO publication: <https://www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/>