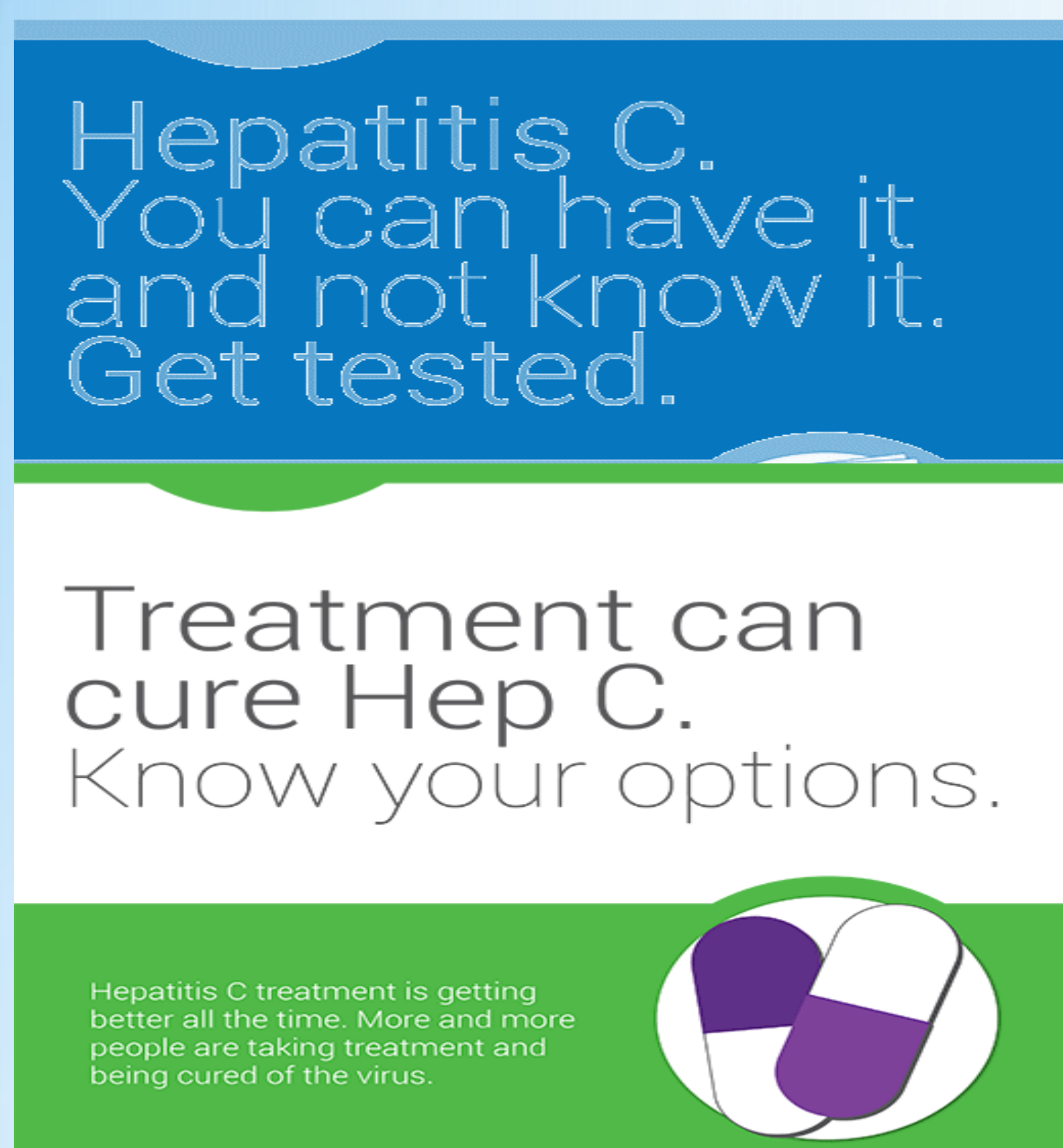


39:CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF CHC ACCESS TO TREATMENT WITH DAAs



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Background:

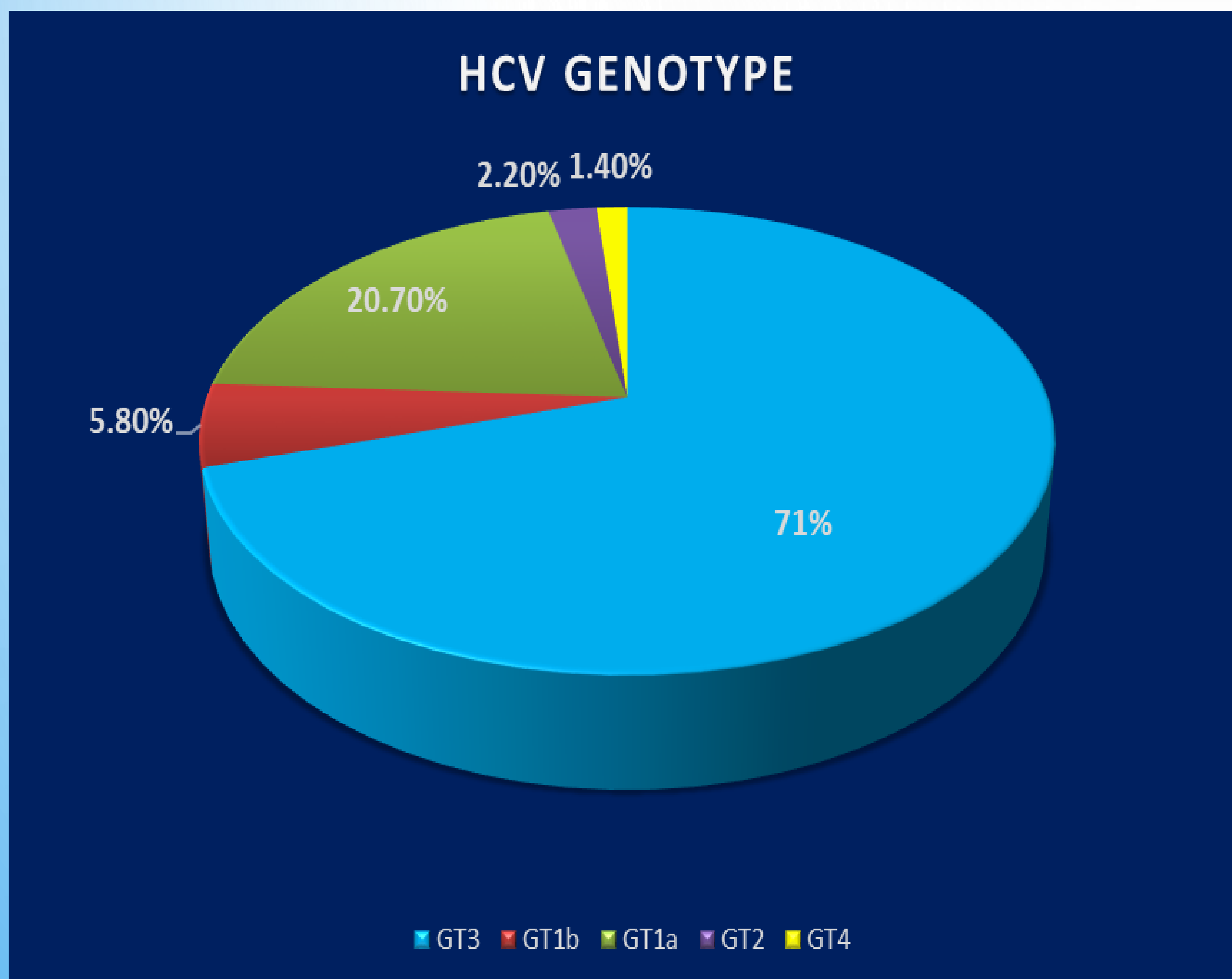
Use of IVDU drugs is a major cause of CHC infection. IVDU with CHC patients who participate to drug substitution programs are estimated at around 7,000-8,000 patients in our country(Hellas). The purpose of our study is the recording of IVDU/CHC users characteristics and the opportunity to start treatment with the newer antivirals (DAAs) according to the criteria of National Department of Health.

Description of model of care/intervention:

The analysis of 220 IVDU- CHC patients epidemiological, virological and clinical data who have been treated or not with the newer antiviral drugs (DAAs).

Effectiveness:

We analyzed the data of 220 CHC patients (72.5% men, mean age 38 ± 10 years), 52% who had a previous history of PEG IFN and RIB without achieving SVR. Substitution programs (62% methadone, 34% buprenorphine) followed 60% and 38% reported sporadic or systemic use of substances. 1/3 had coexistence (hypertension, diabetes, psychiatric history). Adherence to HIV and HBV was observed in 1.1% and 3.2%, respectively. The genotypes of HCV infection were: GT3: 71%, GT1a: 20.7%, GT1b: 5.8%, GT2: 2.2%, GT4: 1.4%. The mean HCV-RNA PCR was $1,3 \times 10^6$ IU / ml $\pm 3.1 \times 10^6$, and 75% of patients with GT1a had HCV-RNA levels $> 800,000$ IU / ml. The average elastography value was 8.5 ± 7 kpa (2.1-58 kpa). 17% of patients had evidence of liver cirrhosis (5% decompensated cirrhosis, 1 with liver cancer). Elastography value < 7 kpa (F0-F1) had 58% of patients.



Conclusion and next steps:

HCV patients with CHC infection have significant viral load of morbidity (1/3 co-morbidity). Most IVDU patients with co-morbidity with CHC infection are excluded from newer antiviral therapies because they do not meet the National Department of Health access criteria.