

LOW-THRESHOLD HEPATITIS C TREATMENT FOR PEOPLE WHO INJECT DRUGS



Oslo kommune
Velferdsetaten

Testing, compliance and treatment

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BACKGROUND AND AIMS

HCV infection among people who inject drugs (PWID) in Norway

- Approximately 50% are chronically infected
- Treatment uptake remains low despite changes in national treatment guidelines recommending treatment to all, including PWID. DAA's are prescribed to patients with fibrosis stage 2 or more
- Among Norwegian PWID deceased after the age of 50 liver related diseases are the most common causes of death

The HCV Clinic

- In 2013 our group initiated a Hepatitis C street-clinic in Oslo to provide HCV testing and treatment for PWID.

Aim

- To describe the HCV Cascade in a low threshold HCV clinic for PWID

METHODS

HCV Clinic, the model of care

- Two fulltime nurses are supported by a general practitioner and a specialist in infectious diseases. The nurses have long experience in low-threshold work and a vast knowledge of the relevant services in Oslo
- Patient-centric with flexible staff, extensive use of existing networks, outreach work and tailored treatment plans
- The nurses do all medical procedures allowing them to do a complete examination in the patient's home, in prisons or other locations
- The Salvation Army's Street Hospital can provide in-house treatment if needed

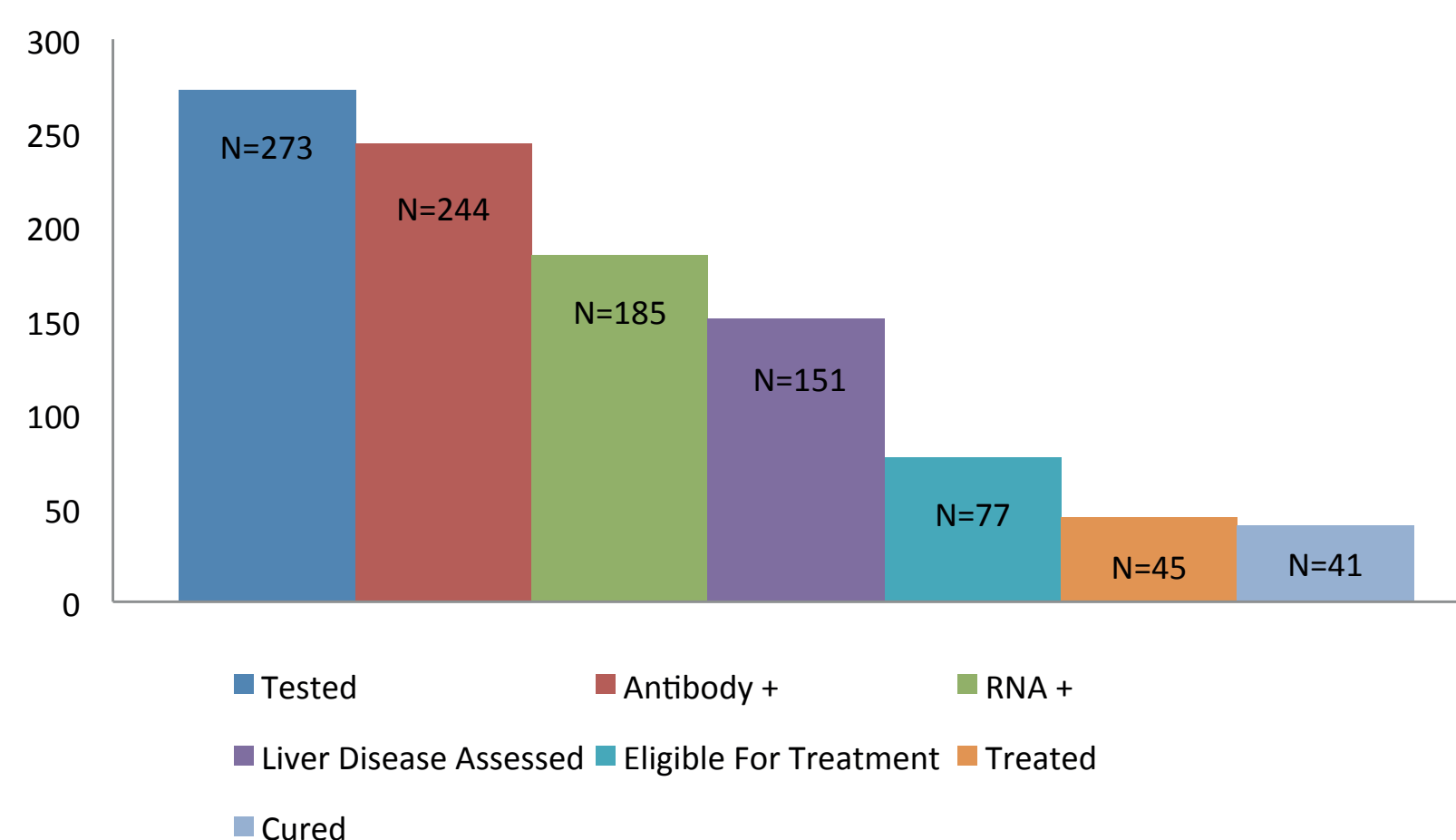
Location

- The clinic is located at Prindsen Mottakssenter, a low threshold facility consisting of emergency housing, a low threshold health clinic, injection room, outreach program and a needle exchange program.



RESULTS

- 273 patients have been tested
- 185 had a chronic infection
- 59 had antibodies
- 29 had never been exposed to the virus
- Eighty-two% (n=151) of 185 patients with chronic infection have been evaluated using fibroscan (6 of these were referred for biopsies)
- 70 patients had F2 or more, and thus qualified for treatment
- 45 patients have been treated
- One patient treated with interferon did not complete the treatment due to side effects
- Two died of unrelated causes
- One relapsed
- In the Oslo populous genotype 1 and 3 are the most common. Several genotype 3 patients are on hold awaiting new medications coming fall of 2016



CONCLUSIONS

Treating hepatitis C amongst PWID in a low-threshold health-service is feasible. It requires flexibility and close collaboration with the patients and their network. The clinic has a SVR rate of 81 % .

DISCLOSURE OF INTEREST STATEMENT

The clinic has access to a fibroscan machine donated by Abbvie to The Salvation Army.

