

CASCADE OF HCV CARE AMONG PEOPLE WHO INJECT DRUGS IN ATHENS, GREECE: ARISTOTLE HCV-HIV PROGRAMME

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Background:

A community-based program was implemented in Athens, Greece, between 2018-2020 aiming to screen for HCV and improve access to care among PWID. We provide data on the cascade of HCV care in this population.

Methods:

ARISTOTLE HCV-HIV was a "seek-test-treat" community-based program where PWID are recruited using chain referral sampling. The program was implemented in two consecutive rounds (Round A: April 2018-February 2019, N=1365 participants; Round B: August 2019-March 2020, N=578 participants). It was discontinued due to the COVID19 pandemic. PWID were recruited using Respondent-Driven Sampling (RDS) and could participate in both rounds. Participation included interviewing, blood testing (anti-HCV/HBsAg/anti-HIV, HCV genotype, biochemical evaluation) and counseling. All services were provided on site. PWID eligible for DAAs with available social security number were entered to the national HCV treatment registry to obtain treatment approval (fibrosis-based treatment restrictions applied in the first 5 months). A network of collaborating hepatologists and infectious diseases specialists had been set up and they visited the program site to take care of patients and treatment related duties. Data on the cascade of care reported in this analysis were collected in August 2020.

Results:

During two consecutive RDS rounds, 1,635 unique PWID were recruited. At their first visit, 75.1% were current PWID, 26.9% were homeless and 22.9% were on opioid substitution treatment programs (OST). Anti-HCV prevalence was 76.4% and 15.2% were HCV/HIV

coinfected. Only 4.4% of anti-HCV(+) PWID reported previous treatment with DAAs. Chronic HCV prevalence among anti-HCV(+) PWID was 84%. Among PWID with chronic HCV monoinfection, 90.8% had social security number, 90.8% were entered to the national HCV treatment registry and 47.9% initiated treatment.

Conclusion:

ARISTOTLE HCV-HIV was successful in reaching rapidly a population of PWID most at risk (current injectors, homeless, low OST coverage) and in increasing diagnosis and linkage to HCV care.

Disclosure of interest statement:

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