

UNSTABLE HOUSING MAY BE A MAJOR OBSTACLE ON THE ROAD TO HCV ELIMINATION. RESULTS FROM THE TREATMENT AS PREVENTION (TraP HepC) PROGRAM IN ICELAND.

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Background:

Clinical trials and several real-world cohort studies demonstrate cure rates of >95% for HCV infection with direct acting antivirals (DAAs). Less is known about outcomes of national HCV elimination programs where injection drug (IDU) use is the main mode of transmission. The TraP HepC program launched in 2016 aimed to maximize diagnosis and treatment access, focusing on people who inject drugs.

Method:

All patients with HCV were offered DAA treatment and patients who dropped out before completing treatment or became re-infected were offered retreatment. The study includes all patients who initiated treatment during 02/2016 – 02/2019. We measured sustained virological response (SVR12+; negative HCV RNA 12 weeks or more after treatment end) and analyzed factors associated with non-SVR.

Results:

Treatment was initiated for 718 individuals, of whom 705 patients (98%) gave consent for study participation. Median age was 44 years (IQR 35-56), males 474 (67.2%). History of IDU was reported by 593 (84.1%), recent (within 6 months) IDU by 234 (33.2%); 48 (6.8%) were homeless. Of 705 patients, 635 (90.1%) achieved SVR12+ during the first treatment attempt. A total of 70 patients initiated one or more retreatments. With re-engagements in care and retreatments a cumulative number of 673 (95.5%) achieved SVR12+. By univariate analysis, non SVR12+ was associated with young age, being homeless, having treatment initiated at an addiction treatment center or in a penitentiary, history of or recent IDU and discontinuation of treatment. By multivariable analysis, unstable housing was the only statistically significant independent predictor of non-SVR.

Conclusion:

By reengagement in care of those who fail first treatment attempt a cure rate of 95% was achieved in a patient population with high rate of recent IDU. Non-viral factors such as housing associate strongly with treatment success and these issues need to be addressed for elimination goals to be achieved.

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