

HCV TREATMENT UPTAKE AMONG PEOPLE WHO INJECT DRUGS IN OSLO: A REGISTRY-BASED STUDY

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Background:

Improving HCV treatment uptake among people who inject drugs (PWID) is crucial to achieve the WHO elimination targets. The aims were to assess HCV treatment uptake and associated factors and estimate HCV RNA prevalence in a large cohort of PWID in Norway.

Methods:

Registry-based observational study where all registered users of the City of Oslo's low-threshold social and health services for PWID between 2010-2016 (n=5330) were linked to HCV notifications (1990-2019) and prescriptions of HCV treatment, opioid agonist treatment (OAT) and benzodiazepines (2004-2019). Cases were weighted to account for spontaneous HCV clearance. HCV treatment rates were calculated using person-time of observation and factors associated with treatment uptake were analysed using logistic regression analysis. HCV RNA prevalence was estimated among users of the low-threshold services alive by the end of 2019.

Results:

Among 2436 participants with chronic HCV infection (mean age 46.8 years, 30.7% female, 73.3% OAT), 1118 (45.9%) had received HCV treatment between 2010-2019 (88.7% DAA-based). Treatment rates increased from 1.4/100 PY (95% CI 1.1-1.8) in the pre-DAA period (2010-2013) to 3.5/100 PY (95% CI 3.0-4.0) in the early DAA period (2014-2016; fibrosis restrictions) and 18.4/100 PY (95% CI 17.2-19.7) in the late DAA period (2017-2019; no restrictions), peaking at 24.1/100 PY (95% CI 21.7-26.7) in 2018 (Figure). Treatment rates for 2018 and 2019 exceeded the previously modelled elimination threshold of 50/1000 PWID. Treatment uptake was less likely among women (aOR 0.74; 95% CI 0.62-0.89) and those aged 40-49 years (aOR 0.74; 95% CI 0.56-0.97), and more likely among participants with current OAT (aOR 1.21; 95% CI 1.01-1.45). The estimated HCV RNA prevalence by the end of 2019 was 23.6% (95% CI 22.3-24.9).

Conclusion:

Although HCV treatment uptake among PWID increased in the DAA era, strategies to enhance treatment among women and individuals not engaged in OAT should be addressed.

Disclosure of Interest Statement:

HM, OD and KU have received lecture and consultancy fees from Gilead, MSD and Abbvie. No pharmaceutical grants were received in the development of this study.

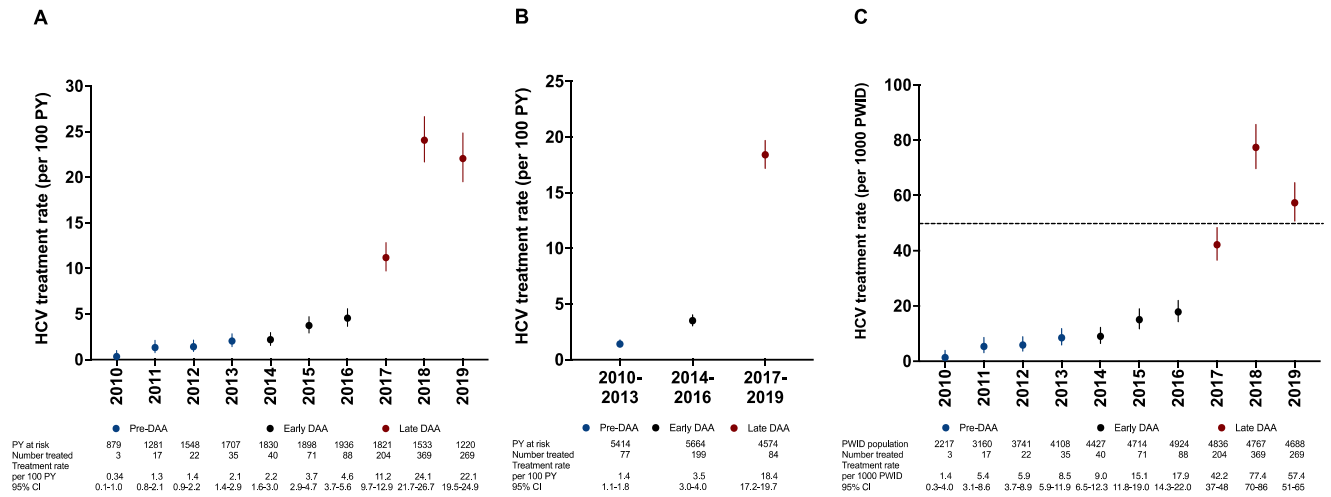


Figure. HCV treatment rates among users of low-threshold services for people who inject drugs in Oslo. (A) Annual rates per 100 PY between 2010 and 2019. (B) Rates per 100 PY according to time periods. (C) Annual rates per 1000 people who inject drugs between 2010 and 2019. Dots indicate point estimates and bars indicate 95% Poisson confidence intervals. The dotted line in (C) indicate a previously modelled elimination threshold.