

TREATMENT EVALUATION AND UPTAKE AMONG PERSONS WITH CHRONIC HEPATITIS C ON OPIUM SUBSTITUTION THERAPY. IS TREATMENT AS PREVENTION REALISTIC?

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Background: People who inject drugs (PWID) on opium substitution therapy (OST) can be safely treated for chronic hepatitis C (CHC). The treatment as prevention paradigm (TaP) is based on the assumption that a substantial proportion of PWID's can be treated. To decrease the prevalence of CHC over 10 years from a baseline 40% to 5% in a setting where half the PWID population is on OST and a medium needle and syringe program (NSP) coverage, a minimum of treating 50/1000 PY is warranted. The aim of this study was to evaluate a population with CHC on OST for treatment in an outreach program. Feasibility for TaP in our setting was set at treating 10% of persons on OST in one year.

Method: At a drug treatment center (DTC) a cohort of 450 persons on OST of whom 153 fulfilled criteria for CHC (testing uptake 94%) was established in April 2015. Persons under the age of 50 with no cirrhosis were evaluated for treatment in a (unrelated) clinical trial and assessed as "treatable" if either treated, or excluded for other reasons than lost to follow up, significant instability, severe comorbidity, death or incarceration. Remaining patients were assessed as treatable if present for 2 evaluations in 2 years and/or compliant to cirrhosis work-up, if in treatment or follow-up after treatment as of April 2015-April 2016.

Results: In the CHC cohort median age was 43 (26-66), 75% male and 15% had a Transient Elastometry >12 kpa. Of 153 patients, 84 (55%) were treated (43)/treatable (41). Fifty-nine persons were assessed as non-treatable. Main reasons being instability and lost to follow up

Conclusion: The number of both treated and treatable patients by far exceeded the number models require to achieve a substantial reduction in prevalence. There is however still a substantial number that cannot enter into treatment even in an outreach clinic.