THE ELIMINATION OF HEPATITIS C INFECTION AMONG PEOPLE WHO INJECT DRUGS FROM ALL PUBLIC HOSPITALS IN MADRID

Lazarus JV[1], Calleja JL[2], Villota-Rivas M[1], Fernández I[3], Gea F[4], Ryan P[5], Alonso-López S[6], García-Samaniego J[7]

[1]Barcelona Institute for Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Barcelona, Spain, [2]Department of Gastroenterology, Hospital Universitario Puerta de Hierro de Majadahonda, Madrid, Spain, [3]Hepatology Unit, Hospital Universitario 12 de Octubre, Madrid, Spain, [4]Department of Hepatology, Hospital Universitario Ramón y Cajal, Madrid, Spain, [5]Department of Internal Medicine, Hospital Universitario Infanta Leonor, Madrid, Spain, [6]Hepatology Unit, Hospital General Universitario Gregorio Marañón, Madrid, Spain, [7]Hepatology Unit, Hospital Universitario La Paz, CIBERehd, IdiPAZ, Madrid, Spain

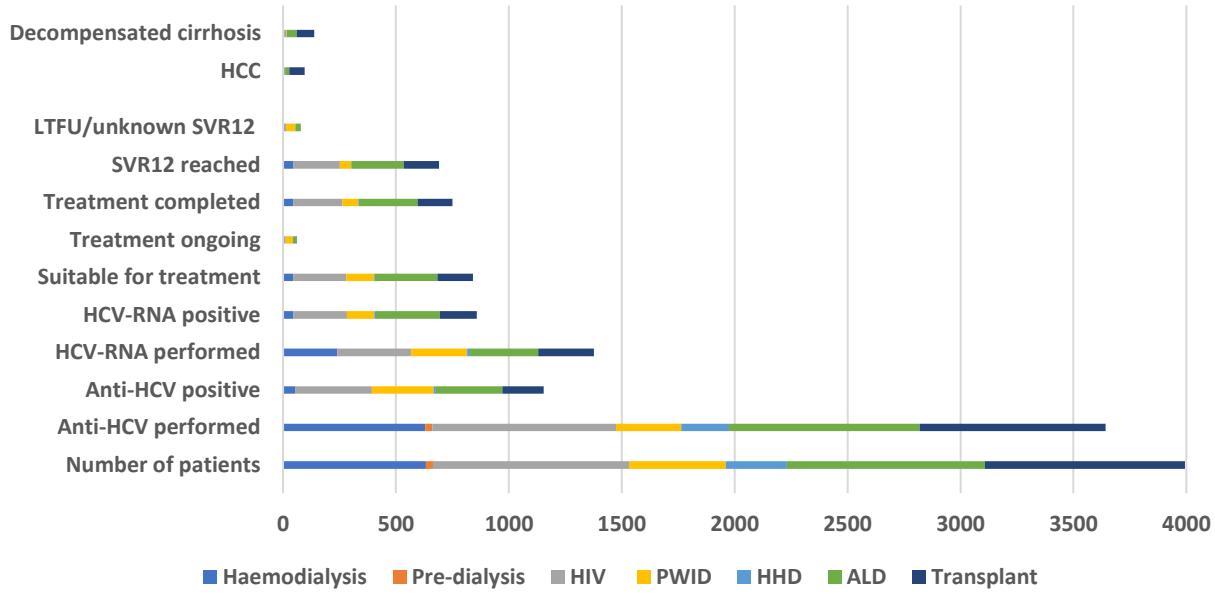
Background:
Direct-acting antivirals can cure ≥95% of hepatitis C virus (HCV) cases, but do not reach everyone who needs them. People who inject drugs (PWID) are one of the key at-risk groups for HCV infection globally. This study analyses the HCV cascade of care (CoC) in Madrid, Spain, in high-risk patients, including PWID, to inform micro-elimination measures that should be implemented.

Methods:
Since 1/9/2019, data from medical records that included information on the CoC and liver disease were collected from six public hospitals in Madrid of patients: in haemodialysis/pre-dialysis programmes, co-infected with HIV, with advanced liver disease, with hereditary haematological diseases and transplants and of PWID. Data were analysed descriptively by risk group.

Results:
Of the 3,994 people included, 11% were PWID (22% female). Of these, 68% were tested for anti-HCV Ab, the lowest proportion of any group, yet they had the most anti-HCV Ab positives at 64%. Of the total 427 PWID, 58% were tested for HCV-RNA, the most of all groups, and 49% were positive. Of those, 99% were suitable for treatment, the highest proportion of any group: in 26% it is ongoing and in 58% completed, the least of all groups. Of those treated, 49% obtained sustained virological response 12 weeks post-treatment (SVR12), the lowest proportion of any group; 41% experienced loss to follow-up (LTFU) or had unknown SVR12, the most of all groups; and 1% developed decompensated cirrhosis. The results of the analysis of the HCV CoC by group are found in Figure 1.

Conclusion:
The HCV burden in Madrid's health system is high in high-risk patients like PWID. This study highlights the problem of LTFU, particularly in PWID patients, and where it occurs along the CoC. As such, it can help inform measures to eliminate HCV in hospitals and contribute to better healthcare.

Figure 1. Results of the analysis of the HCV CoC in public hospitals in Madrid



ALD, advanced liver disease; CoC, cascade of care; HCC, hepatocellular carcinoma; HCV, hepatitis C virus; HHD, hereditary haematological diseases; LTFU, lost to follow-up; PWID, people who inject drugs; SVR12, sustained virological response 12 weeks post-treatment.

Disclosure of Interest Statement

Funding for this study was provided by Gilead Sciences. JVL and MV-R acknowledge support to ISGlobal from the Spanish Ministry of Science, Innovation and Universities through the "Centro de Excelencia Severo Ochoa 2019-2023" Programme (CEX2018-000806-S) and from the Government of Catalonia through the CERCA Programme. JVL further acknowledges grants and speaker fees from Gilead Sciences and MSD, and speaker fees from Genfit and Intercept, outside the submitted work. JLC acknowledges advisory and speaker fees from Gilead Sciences and Abbvie, and grants from Gilead Sciences, outside the submitted work. IF acknowledges speaker and consultant fees from Janssen, Abbvie, MSD, and Gilead, outside the submitted work. FG has nothing to disclose. PR acknowledges grants, personal fees, and non-financial support from Gilead Sciences and Merck, personal fees from VIIV, and personal fees and non-financial support from Abbvie, outside the submitted work. SA-L acknowledges speaker and consultancy fees from Gilead Sciences and Abbvie, and speaker fees from MSD, outside the submitted work. JG-S acknowledges grants and speaker fees from Gilead Sciences, outside the submitted work.