

The Iceland experience. Getting the band together: The importance of bringing together government, hepatology, infectious diseases, addiction medicine and the prison sector to engage with people who inject drugs in hepatitis C care

**Sigurdur Olafsson, MD, FACP**

**Director of Hepatology, Associate Professor of Medicine  
Landspítali University Hospital and  
University of Iceland, for the TraP HepC team**



INHSU  
September 2019, Montreal, Canada



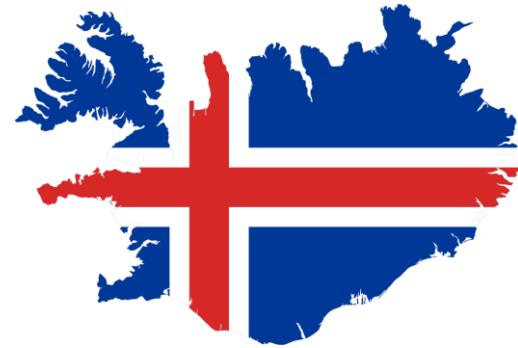
# Disclosures

- Dr Olafsson is a consultant/advisor for and has received speakers fee from Gilead Sciences.
- Gilead Sciences provides DAAs for TraP HepC in an epidemiological trial setting.

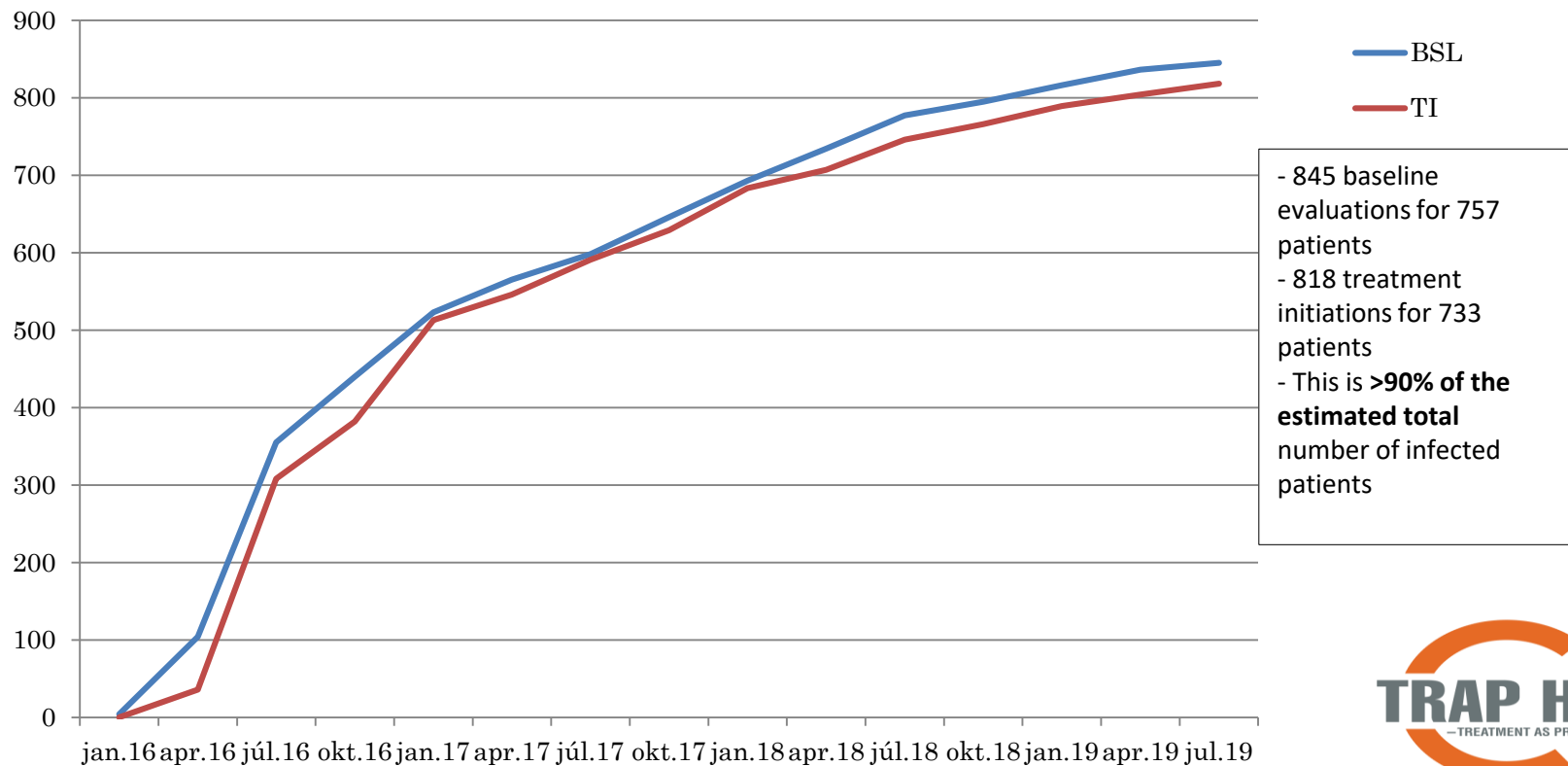


# Treatment as Prevention for Hepatitis C (TraP HepC) in Iceland

- Population of 340.000 with universal health insurance
- One National Center of Addiction Medicine
  - Easy and free access to addiction treatment
- Prior to TraP Hep C:
  - Estimated viremic prevalence of HCV 0,3%,
  - 800-1000 cases total
  - **>80% presumed diagnosed already**
- All HCV PCR positive individuals living in Iceland offered treatment with DAAs from January 2016
  - Focus on PWID
  - Aim for treatment of most patients within 2-3 years



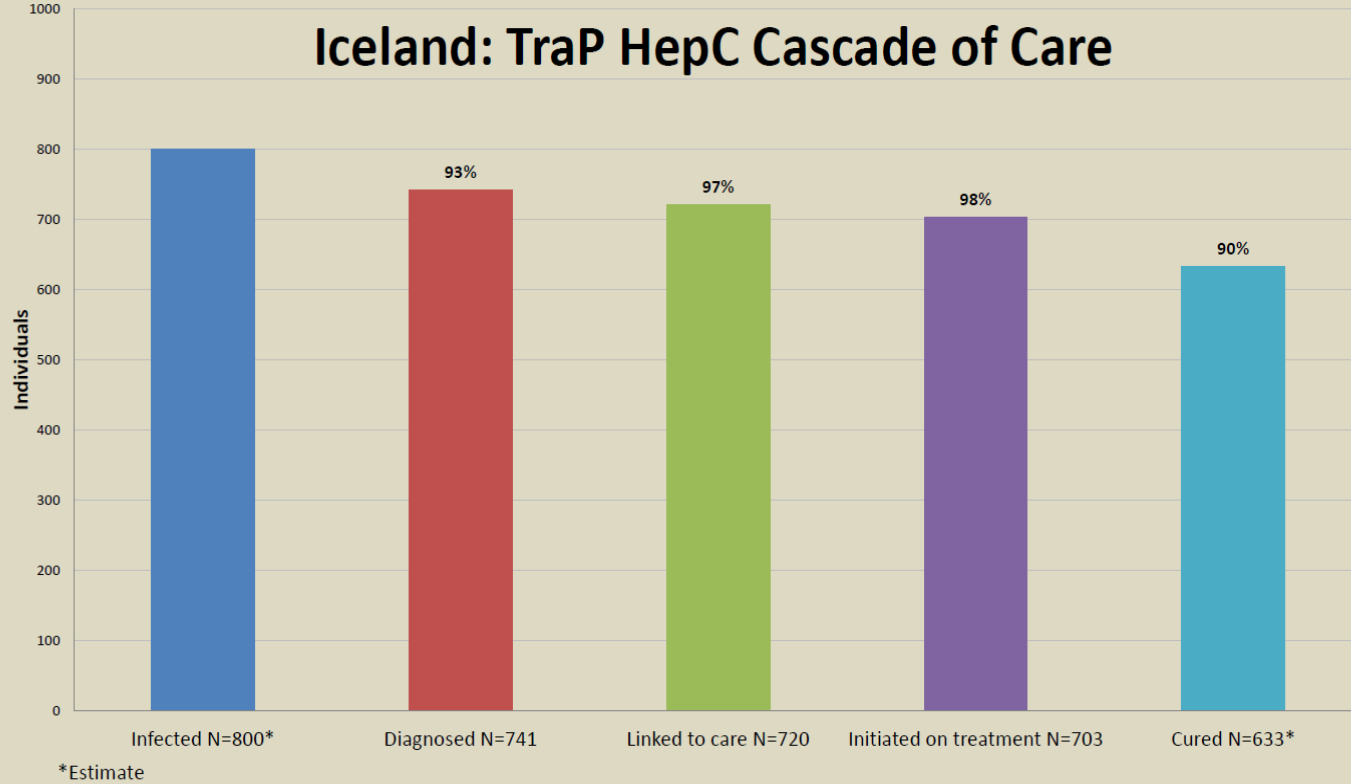
# Recruitment and treatment initiations, Jan 2016 – July 2019



# Baseline demographics, first 24 months

N=558	n	Proportion or Mean - IQR
<b>Age</b>		42 – IQR 33 - 52
<b>Female</b>	183	33%
<b>Living situation</b>		
Own property/rental/relatives	420	75%
Homeless/streets/halfway house	93	17%
Penitentiary	30	5%
Other / Unknown	15	3%
<b>Encounter site</b>		
University Hospital	365	65%
Addiction treatment center	164	29%
Penitentiary	26	5%
Other	3	1%
<b>IV Drug use</b>		
Ever	493	88%
Within 6 months	189	34%
IV Stimulants (cocaine, amphetamine, methylphenidate N=189)	160	85%
IV Opiates (N=189)	28	15%
Current OST	58	10%
<b>Virology</b>		
HIV coinfection	39	7%
HCV Genotype 1a	204	37%
HCV Genotype 3a	324	58%
Other genotypes	30	5%
<b>Cirrhosis (Fibroscan &gt;12,5 kPa or Metavir=4)</b>	35	6%

## Iceland: TraP HepC Cascade of Care



Olafsson et al. EASL, Vienna, 2019

# TrapHepC: Organization

- Landspítali University Hospital - project center
- Main collaborator: SAA-National Center of Addiction Medicine
- Gilead provides DAA's in an epidemiological trial setting
- Icelandic Government provides funding for staff, diagnostic tests and other services



**Directorate of health**  
Chief Epidemiologist for Iceland



# TraP HepC in Iceland -getting the band together!

## Planning phase of TraP HepC:

1. Approval of relevant parties (Ministry of Health, Chief Epidemiologist, University Hospital)
  - Direct access to the National HCV Registry (mandatory reporting)
  - Mandate/authority to seek all infected patients and reach out to other stakeholders
2. Establish the core team: Infectious Diseases, Addiction Medicine, Hepatology, Project manager
3. Identification of other key collaborators
4. Establish personal contact –usually phone call or email followed by a meeting

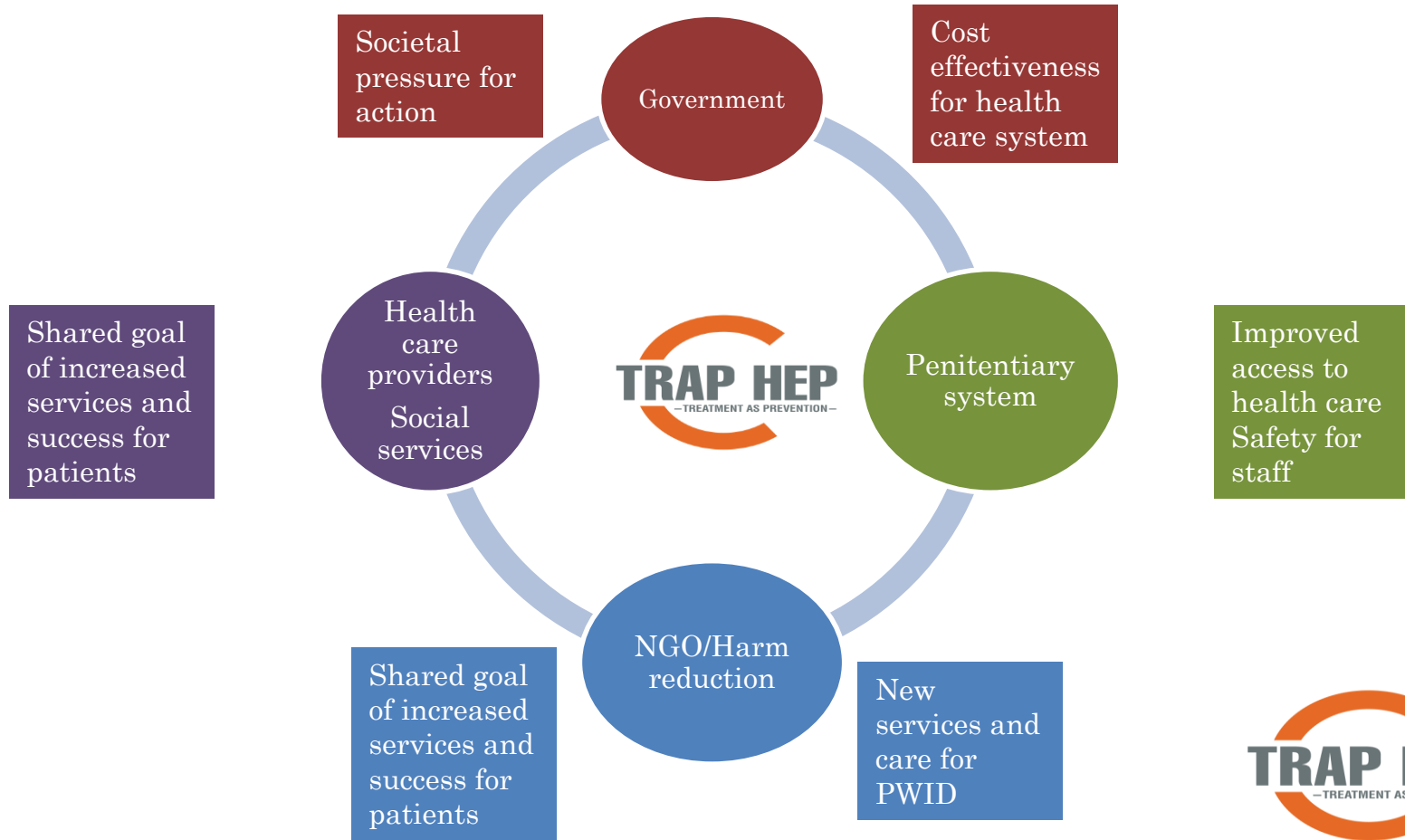
**Ground - up approach:** Key collaborating persons contacted directly

Example: Penitentiary system: Initial contact with prison nurses (not the prison warden or the “Prison and probation administration”)

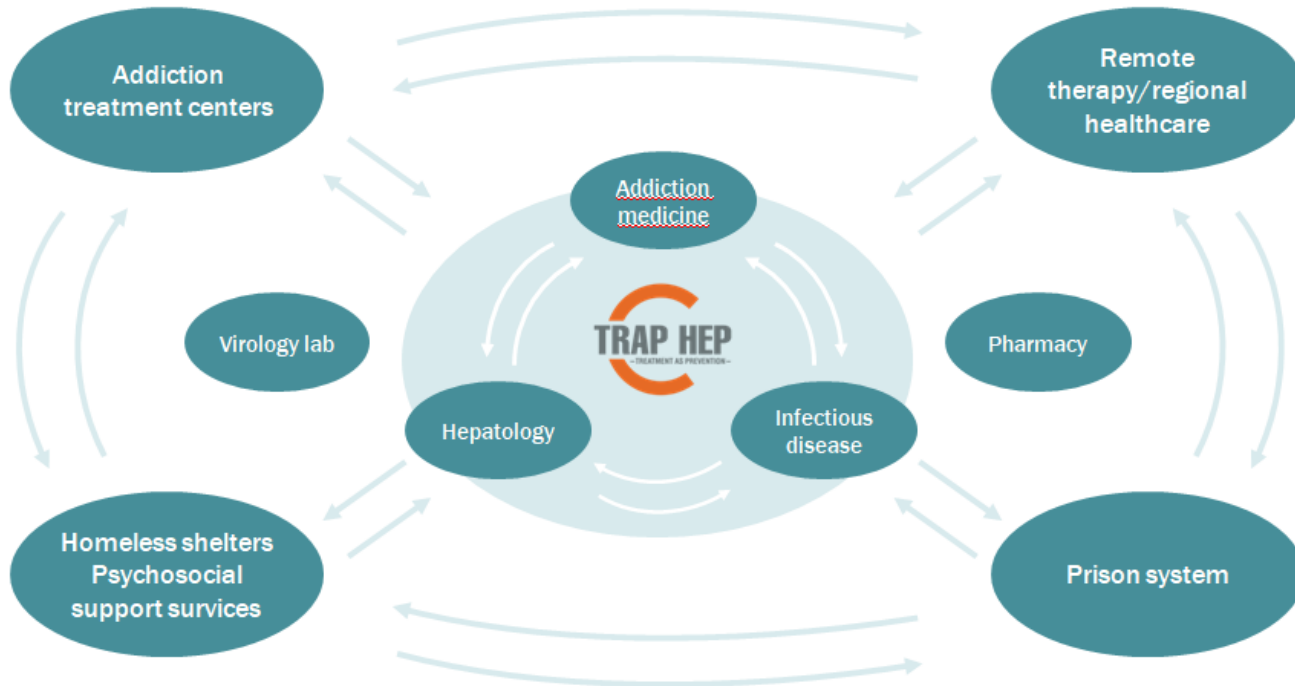




# Stakeholder engagement and incentives



# TraP HepC – Multidisciplinary team approach



# What was difficult/what didn't work?

- Some (few) stakeholders reluctant to collaborate
- How to approach patients who were unaware of their previously diagnosed HCV
- Integrating HCV testing of risk groups into clinical routine of busy clinical services (emergency rooms..)
- Long term integration of TraP HepC activities into existing services
  - Continued work in the prisons depends entirely on lasting commitment of TraP HepC team



# Other challenges

- Maintaining enthusiasm and engagement of all collaborators beyond initial phase of the project
- Continued vigorous screening of PWID and tracking new infections and re-infections
- Maintaining political support and adequate financing for the future

# Conclusions

- TraP HepC has over a three years period offered treatment to over 90% of the infected patient population in Iceland
- The success is based on collaboration and combined efforts of all the members of the Band that came together
- Challenges remain, including integration into services and maintaining engagement
- The Band needs to continue to play !!!

