

TOWARDS HCV ELIMINATION AMONG PEOPLE WHO INJECT DRUGS IN SWEDEN

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Background:

Hepatitis C (HCV) remains a major challenge among people who inject drugs (PWID), with high HCV incidence and barriers to care. Limited longitudinal data on HCV prevalence, incidence, and treatment complicates elimination efforts. The WHO aims to reduce new infections by 80% with an absolute target of <2/100,000 among PWID by 2030. Integrating HCV care into harm reduction services is crucial.

Methods:

This study analyzed data from InfCare NSP, Sweden's national Needle and Syringe Program (NSP) register, covering 98% of PWID in NSP across 20 of 21 regions. From 2013–2024, 13,000 unique participants made nearly 500,000 visits, with over 18,000 HCV tests. In 2024, 5,200 participants attended at least once. Regular HCV testing is conducted, aiming for biannual screening.

InfCare NSP is powered by RealQ, a web-based decision-support platform designed to handle large healthcare datasets. Since 2025, an integrated dashboard visualizing HCV prevalence and incidence in real-time has simplified data monitoring, supporting Sweden's HCV elimination strategy.

Results:

With the introduction of dashboard-based data visualization, monitoring has become more efficient at local, regional, and national levels. Additionally, key sociodemographic determinants, such as gender, housing status, and drug use patterns, can now more easily be identified as potential barriers to HCV elimination.

Nationally, HCV prevalence dropped from 54% in 2017 to 16% in 2024, and from 60% to 26% among homeless PWID. HCV incidence declined from 18/100 PY (2013–2017) to 11/100 PY (2018–2024). HCV RNA-negative participants increased from 24% to 64%, mainly due to expanded treatment access at NSP.

Conclusion:

Following the introduction of unrestricted DAA treatment and expanded NSP access after 2018, HCV prevalence among PWID dropped 70%, while incidence fell 39%. Reaching WHO targets requires prioritizing high-risk PWID for frequent testing, early treatment, and harm reduction.

Disclosure:

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Figure:

