

HEPATITIS C ELIMINATION EFFORTS IN AN HIV COINFECTED POPULATION OF PEOPLE WHO INJECT DRUGS

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Background:

During 2011 an epidemic of HCV-HIV co-infection became public health concern amongst people who inject drugs (PWID) in Athens, Greece. In 2017, direct acting antivirals (DAAs) became available for use in HCV/HIV coinfecting PWID and effort was made to provide care for everyone in need. We describe our experience in hepatitis C treatment in this population.

Methods:

This is a prospective single center observational study. We collected demographic, socioeconomic, and clinical data pertaining to HIV and HCV infection in a population of co-infected PWID referred for HIV treatment.

Results:

We identified 130 PWID with HCV antibodies. Four patients died before treatment becoming available and two had undetectable HCV-RNA. We planned treatment for 119/124 (96%) individuals with 106/119 (89.1) beginning treatment. Individuals in active intravenous drug use (76.9 vs 45.7, OR 0.253, 95%CI 0.066-0.971, $p=0.042$) and benzodiazepine use (76.9 vs 45.3%, OR 0.248, 95%CI 0.065-0.954, $p=0.045$) were less likely to start. We tested for sustained viral response (SVR) 86/106 PWID (81.1%) with successful SVR in 72/86 (83.7%). PWID in opioid substitution programs tended to return for SVR testing (54.7% vs 30%, $p=0.081$). Comparing SVR achievers and non-achievers, individuals in active intravenous drug use (10/14, 71.4% vs 26/72, 36.1%, OR 0.226, 95%CI 0.064-0.793, $p=0.02$) or with poor adherence (4/14, 28.6 vs 5/72, 6.9%, OR 0.187, 95%CI 0.043-0.814, $p=0.025$) were less likely to achieve SVR. Persons retained to HIV care and with longer duration of HIV infection tended to fare better (OR 1.27, $p=0.055$). Liver function tests improved significantly in SVR achievers. Eight non-achievers received 2nd line treatment and 4/8 attained SVR, one failed and 3 not tested.

Conclusion:

Microelimination of HCV infection in HIV co-infected PWID approaches SVR rates reported in clinical trials. Active intravenous drug use seems to be an important barrier to treatment and detriment to its success.

Disclosure of Interest Statement:

None of the authors have any conflict of interest to disclose.