

The cascade of HCV care among people who inject drugs in a Norwegian low-threshold setting: Increasing treatment uptake

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Disclosures

- HM/OD: consultant/advisor and lecture fees from Abbvie, Gilead and MSD
- The clinic uses a mobile transient elastography device donated from Abbvie

Background

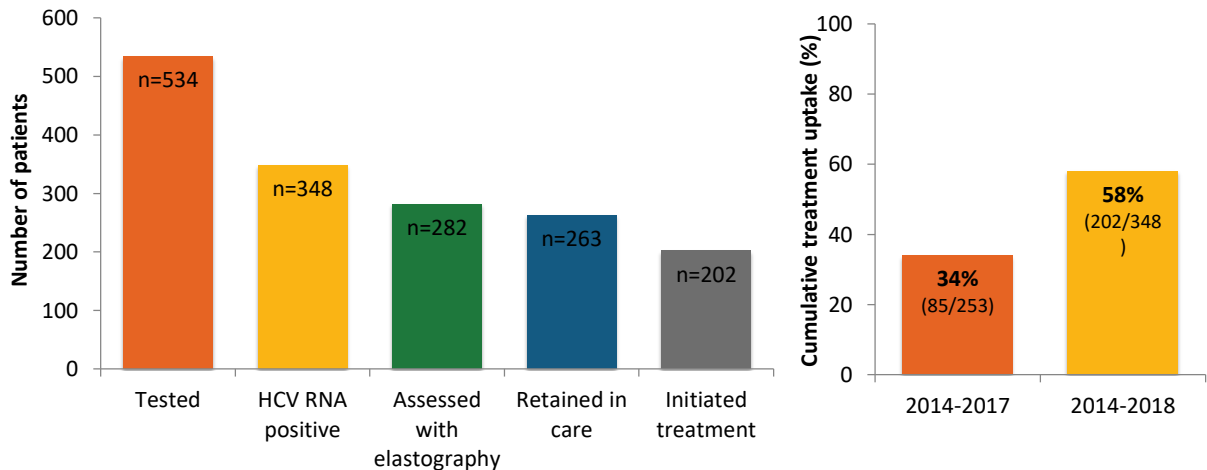
- Improved HCV treatment uptake among people who inject drugs (PWID) is crucial to achieve the WHO viral hepatitis elimination goals
- In 2013 a primary care-based low-threshold HCV clinic was established in downtown Oslo as an effort to provide HCV care for PWID
- Between 2014 and 2017, DAA treatment in Norway was restricted to individuals with significant liver fibrosis
- Unrestricted DAA treatment has been available for all genotype 1 patients from February 2017, and for all patients from February 2018

Description of model of care

- Located within the premises of the City of Oslo's harm reduction services
- Provides a needle and syringe program (NSP)
- Staffed with a general practitioner and two nurses with specialist support
- Characterized by flexibility, ambulant work and broad use of existing networks
- The nurses draw blood and operate a mobile transient elastography device
- Individually tailored DAA treatment according to national guidelines

Effectiveness by September 2018:

The cascade of HCV care and treatment uptake



Conclusions

- HCV treatment uptake among PWID increased following the withdrawal of national fibrosis restrictions
- Linkage to care and patient retention was high
- This study provides data on the feasibility of a model of care that could be disseminated to other urban areas

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Study participants

Project leader

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