

HCV TREATMENT UPTAKE AMONG MARGINALIZED PEOPLE WHO INJECT DRUGS: A REGISTRY-BASED STUDY

INSHU 2021: PAPER 249

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DISCLOSURE OF INTEREST

- Håvard Midgard, Olav Dalgard and Kjersti Ulstein have received lecture and consultancy fees from Gilead, MSD and Abbvie.
- No pharmaceutical grants were received in the development of this study.

ACKNOWLEDGEMENTS

- The people who inject drugs in the city of Oslo who are part of this study
- The Agency of Welfare and Social Services in the City of Oslo
- Eirik Opheim, Hanne Langås, Camilla Huseby and staff at the drug consumption room in Storgata for valuable insights concerning use of the drug consumption room, and patterns of injecting drug use in general
- Heather Valerio for contributing with valuable statistical insights

BACKGROUND

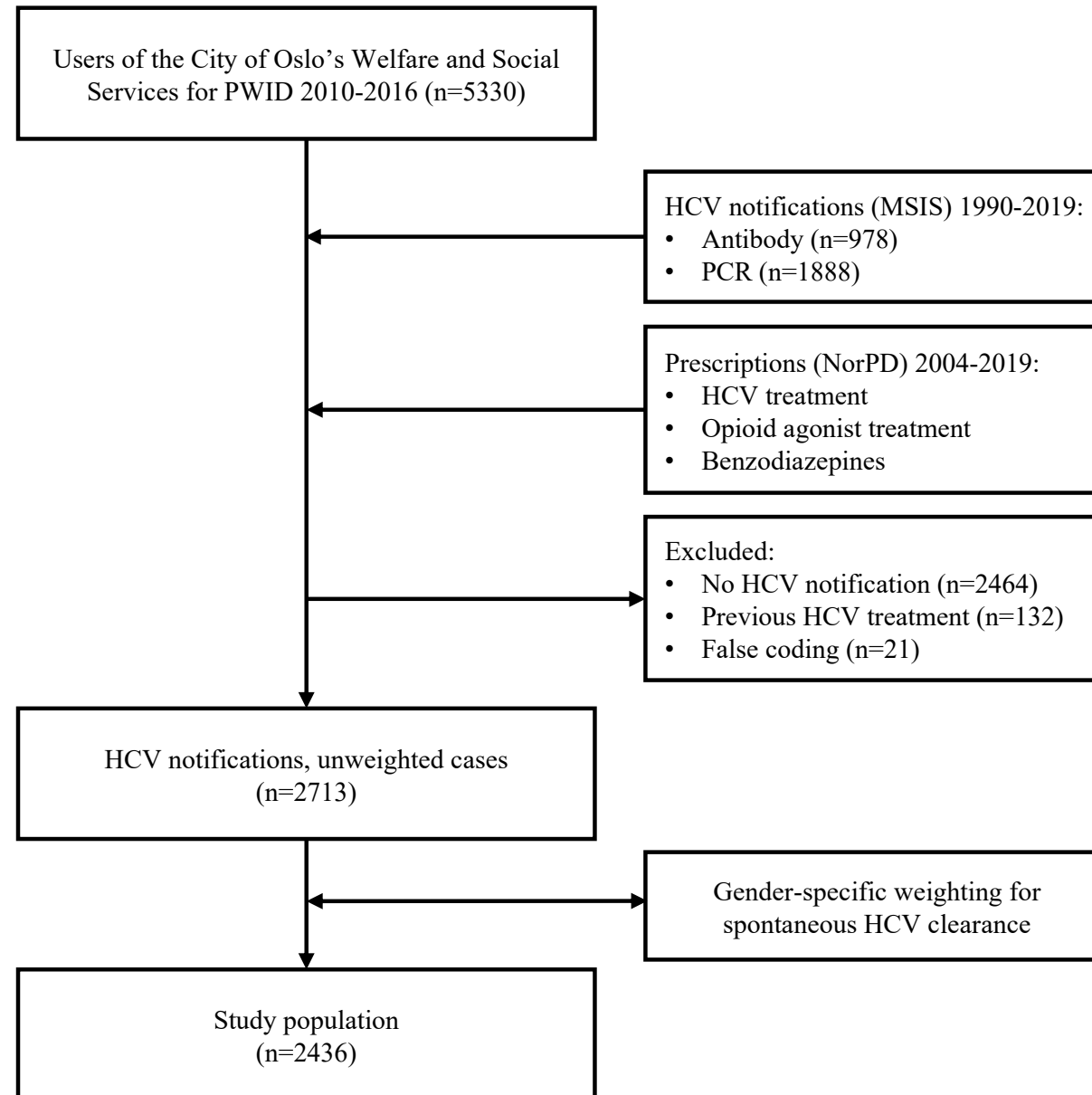
- In Western Europe 2/3 of the HCV disease burden is attributable to injecting drug use
- Approximately 17 000 individuals with chronic hepatitis C infection in Norway in 2017 (80% former or recent PWID)
- Improving HCV treatment uptake among people who inject drugs (PWID) is crucial to achieve the WHO elimination targets

AIM

- Assess HCV treatment uptake and associated factors in a large cohort of PWID

METHODS

- All users of the City of Oslo's low-threshold social and health services for PWID (2010-2016) were linked to HCV notifications (1990-2019) and prescriptions of HCV treatment, OAT and benzodiazepines (2004-2019)
- Sex-specific weighting to account for spontaneous clearance
- Factors associated with DAA treatment uptake analysed using logistic regression



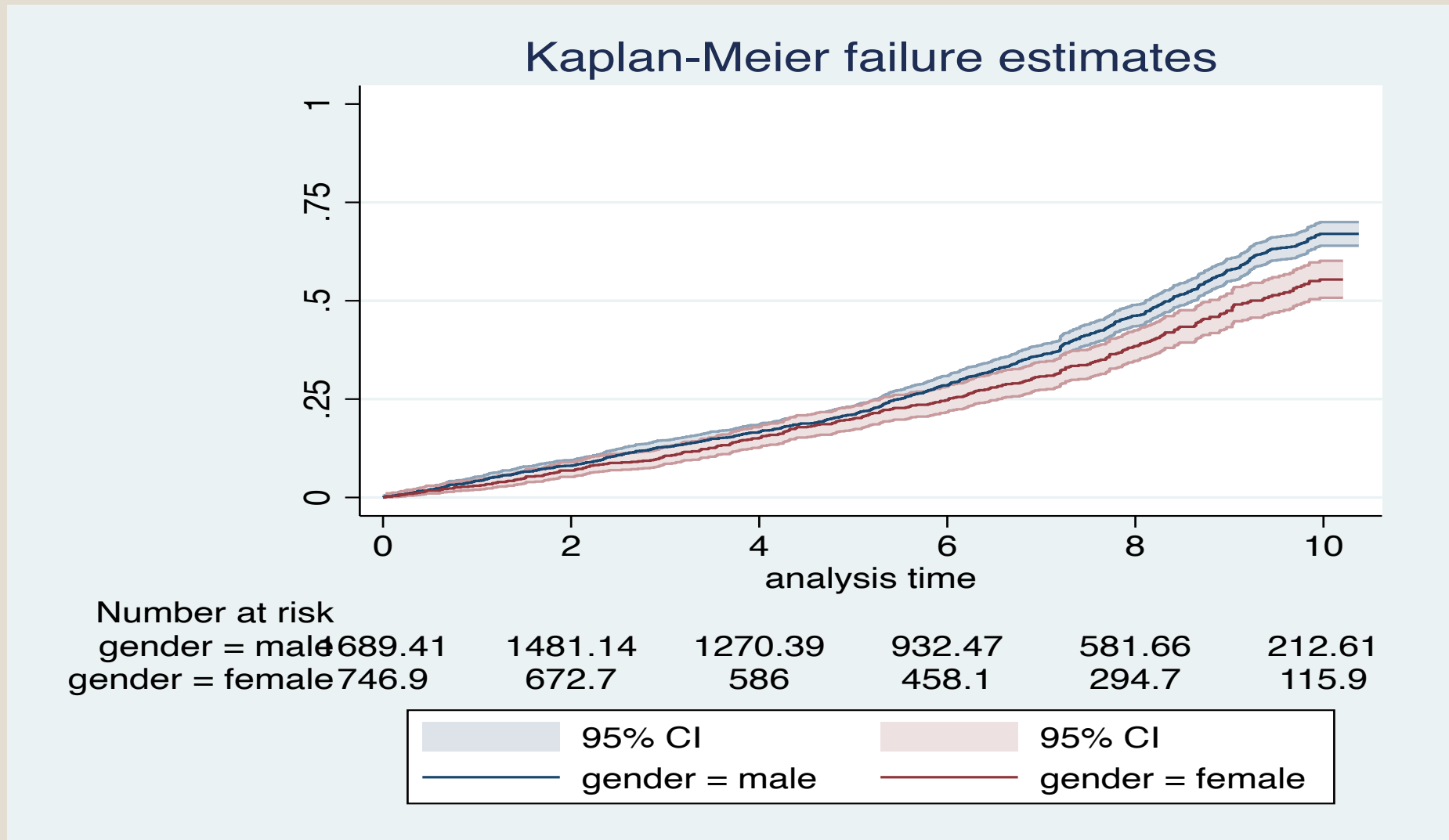
CHARACTERISTICS OF THE STUDY POPULATION

Variable	Total, n (col%)	Overall treatment uptake, n (row%)	DAA treatment uptake, n (row%)
Total	2436 (100)	1118 (45.9)	1041 (45.9)
Birth cohorts			
1930-59	257 (10.5)	113 (44.0)	107 (46.9)
1960-69	762 (31.3)	352 (46.2)	337 (47.4)
1970-79	719 (29.5)	314 (43.7)	290 (43.1)
1980-89	569 (23.4)	278 (48.8)	252 (47.2)
1990-99	129 (5.3)	61 (45.9)	55 (45.4)
Gender			
Male	1689 (69.3)	814 (48.2)	765 (48.8)
Female	747 (30.7)	304 (40.7)	276 (39.6)
Low threshold housing			
No use	1188 (48.7)	557 (46.9)	505 (46.9)
Moderate use	1074 (44.1)	488 (45.4)	464 (45.5)
Heavy use	174 (7.2)	73 (41.9)	72 (42.7)
Drug consumption room			
No use	1201 (49.3)	543 (45.2)	501 (44.8)
Moderate use	610 (25.1)	277 (45.4)	258 (45.9)
Heavy use	625 (25.6)	298 (47.7)	282 (48.1)
Drop-in health clinics			
No use	769 (31.5)	335 (46.1)	331 (46.3)
Moderate use	1242 (51.1)	566 (45.6)	520 (45.4)
Heavy use	425 (17.4)	197 (46.3)	190 (46.8)
OAT status			
Never	595 (24.4)	258 (43.4)	233 (43.2)
Former	55 (2.3)	22 (39.9)	19 (45.2)
Current	1786 (73.3)	838 (46.9)	789 (46.8)

RESULTS

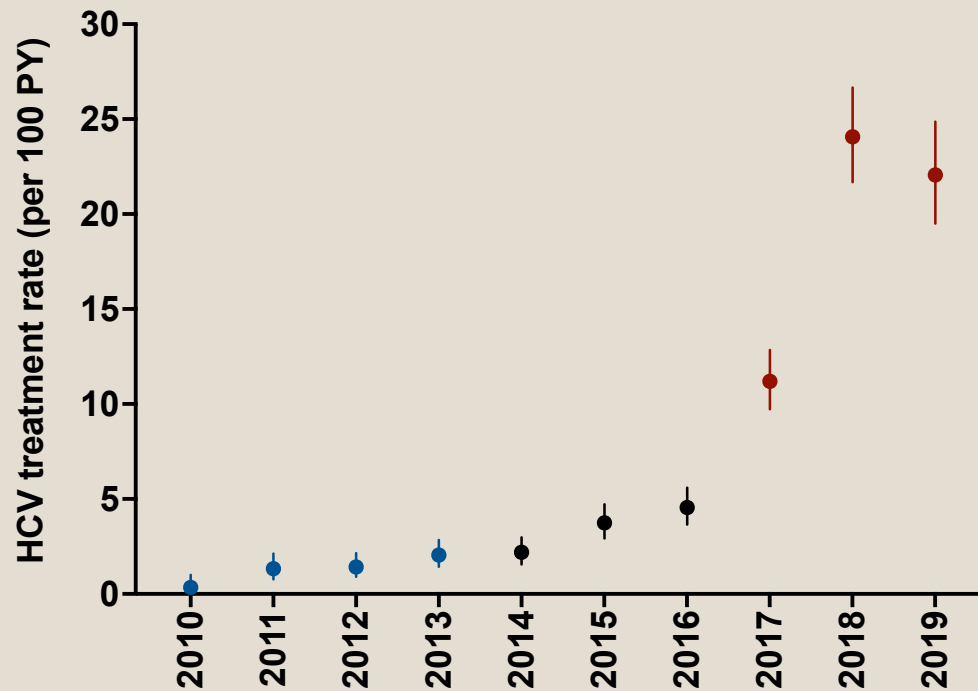
- 2436 individuals with chronic HCV infection were included
- Cumulative overall HCV treatment uptake was 45.9% (1118/2436)
- Treatment rates were 1.42 (1.1-1.8) in the pre-DAA phase (2010-2013), 3.51 (3.0-4.0) in the early DAA phase (2014-2016), and 18.4 (17.2-19.7) in the late DAA phase (2017-2019)
- DAA uptake was associated with gender and OAT status

TREATMENT UPTAKE STRATIFIED BY GENDER



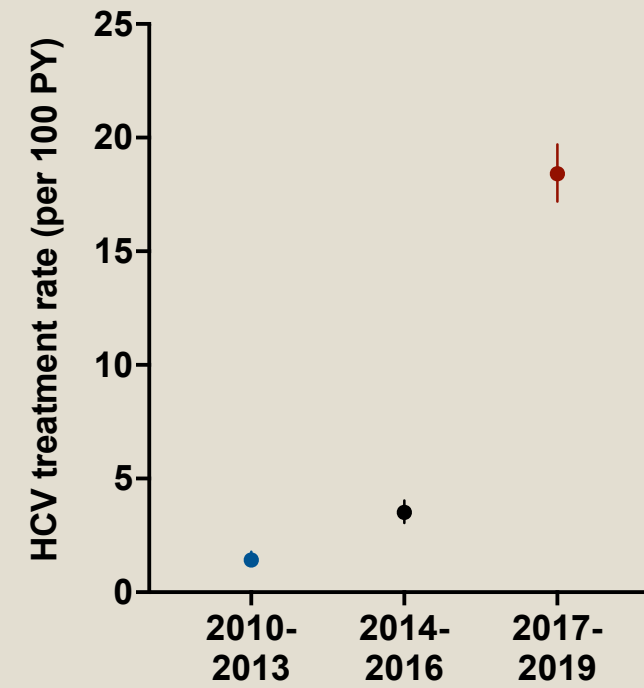
ANNUAL HCV TREATMENT RATES

A



	● Pre-DAA				● Early DAA			● Late DAA		
PY at risk	879	1281	1548	1707	1830	1898	1936	1821	1533	1220
N treated	3	17	22	35	40	71	88	204	369	269
Treatment rate / 100 PY	0.34	1.33	1.42	2.05	2.19	3.74	4.55	11.20	24.07	22.06

B



	Pre-DAA	Early DAA	Late DAA
PY at risk	5414	5664	4574
N treated	77	199	842
Treatment rate / 100 PY	1.42	3.51	18.41

FACTORS ASSOCIATED WITH DAA TREATMENT UPTAKE

Factor	DAA uptake, n/N (%)	aOR (95% CI)	P
Birth cohorts			
1930-59	107/228 (46.9)	1	
1960-69	337/711 (47.4)	1.04 (0.77-1.40)	0.820
1970-79	290/673 (43.1)	0.86 (0.64-1.17)	0.347
1980-89	252/534 (47.2)	1.02 (0.74-1.40)	0.918
1990-99	55/121 (45.4)	1.05 (0.67-1.66)	0.820
Gender			
Male	765/1569 (48.8)	1	
Female	276/698 (39.6)	0.68 (0.57-0.82)	<0.001
OAT status			
Former/never	280/687 (40.8)	1	
Current	761/1560 (48.2)	1.34 (1.11-1.62)	0.002

CONCLUSIONS

- Treatment uptake among PWID increased in the DAA era
- Strategies to enhance treatment uptake among women and individuals not engaged in OAT should be addressed
- After publication we will engage in dialogue with stakeholders to see how the community can benefit from the findings in this study