

## **AFTER ELIMINATION: THE IMPORTANCE OF ADDICTION MEDICINE IN SUSTAINING LOW HCV PREVALENCE AMONG PWID**

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### **Background:**

During a nationwide elimination program for HCV, the integration of addiction medicine as part of care for HCV is key to achieve low HCV prevalence in a high-risk population. The Treatment as Prevention for Hepatitis C (TraP HepC) study in Iceland demonstrated a drop in HCV viremia from 48.7% (2016) to 10.2% (2018) among people who inject drugs (PWID) admitted for addiction treatment at Vogur Hospital (National Center for Addiction Medicine). TraP HepC offered a program with close follow-up and reengagement in care, in part due to integration of HCV treatment for patients seeking treatment for addiction.

### **Methods:**

The TraP HepC program ended in 2021, but direct-acting antivirals DAAs are available for treatment of HCV infected patients in Iceland. To assess whether the reduction in prevalence seen in 2018 had been sustained, we examined the subsequent number of infections (new and/or reinfections) diagnosed within the PWID population seeking treatment at Vogur hospital and their linkage to HCV care.

### **Results:**

In 2023 PWID were 21% (305/1460) of all individuals admitted for addiction treatment at Vogur hospital. Of those, 247 (81%) were categorized as recently injecting within the last 12 months increasing risk for HCV infection. Active infections were diagnosed in 18 individuals (10 new infections, 8 reinfections), 6% of the PWID population at Vogur, with 14 (8 new infections, 6 reinfections) initiating treatment during detox and rehabilitation.

### **Conclusions:**

HCV prevalence continues to decrease following TraP HepC in high-risk population, seeking treatment at Vogur hospital. To achieve and maintain low HCV prevalence in PWID, screening on admission and initiation of HCV treatment is crucial. It should be integrated in healthcare for this population. The added benefits of HCV services in addiction treatment settings could have a compounding effect by reducing risk behaviour such as IDU.