

Treatment as prevention approach results in early and marked prevalence reduction of hepatitis C viremia among people who recently injected drugs. Results from Iceland: Treatment as Prevention (TraP HepC)

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INSHU Portugal 2018

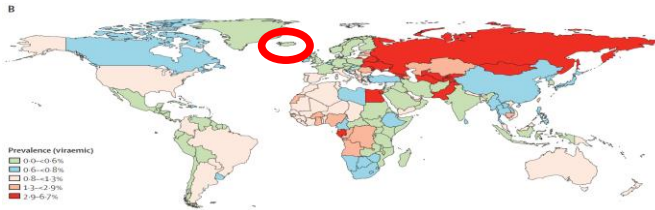


Disclosure

- Gilead provided the DAA for TrapHepC project



Iceland and Hepatitis C



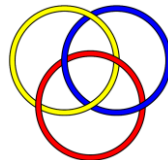
Blach et al. Lancet Gastroenterol Hepatol 2017; 2:161-76

- Population of 330.000
- Universal health insurance
- Mandatory reporting - HCV Registry since 1991
- Estimated viremic prevalence of HCV 0,3%,
- 800-1000 cases total, >80% already diagnosed

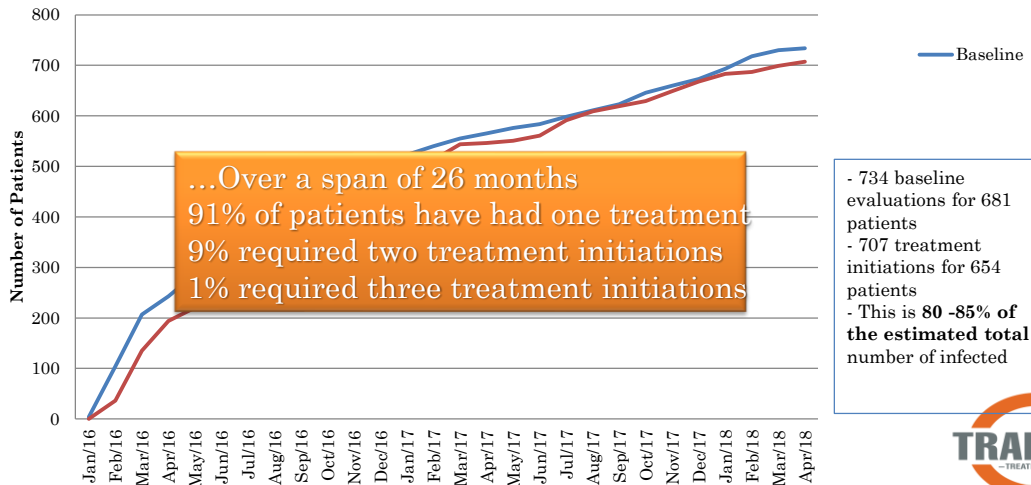


TraP HepC: for who – when – where - which ?

- All HCV PCR positive individuals living in Iceland
 - Actively injecting drugs
 - Incarcerated
 - Advanced liver fibrosis/cirrhosis
- Offered 2016-2018
- Collaboration:
 - Infectious disease
 - Hepatology
 - Addiction medicine
- Treatment regimen:
 - Jan-Oct 2016: ledipasvir/sofosbuvir +/- ribavirin
 - Nov 2016- : sofosbuvir/velpatasvir



Recruitment and treatment initiations, Jan 2016 – Apr 2018



TRAP HEP
— TREATMENT AS PREVENTION —

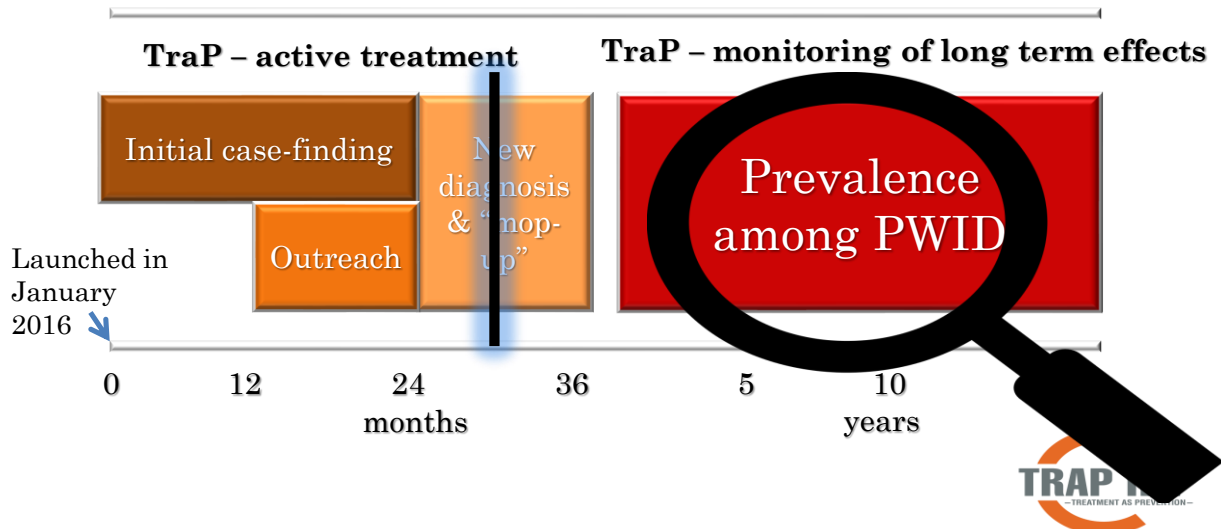
First 24 months of TraP HepC real-world nationwide setting

- Preferred iv drugs:
 - stimulants 85% ; opioids 15%
- iv drug use: ever 88%; <6 months 34%; on MAT 10%
- Virology: 3a 58%, 1a 37%, other 5%; HIV coinfectd 7%
- Cure rates: SVR 12w; N: 558
- Per protocol 467/500: **95% cured**
 - Relapse, re-infections
- Overall: 494/558: **89% cured** (and still pending results)
 - Did not finish: 10% N:58, 43 discontinued - 18 were cured and 19 have been retreated, some pending

TRAP HEP
— TREATMENT AS PREVENTION —

Olafsson et al Global hepatitis Summit June 2018

Overall organization of TraP HepC

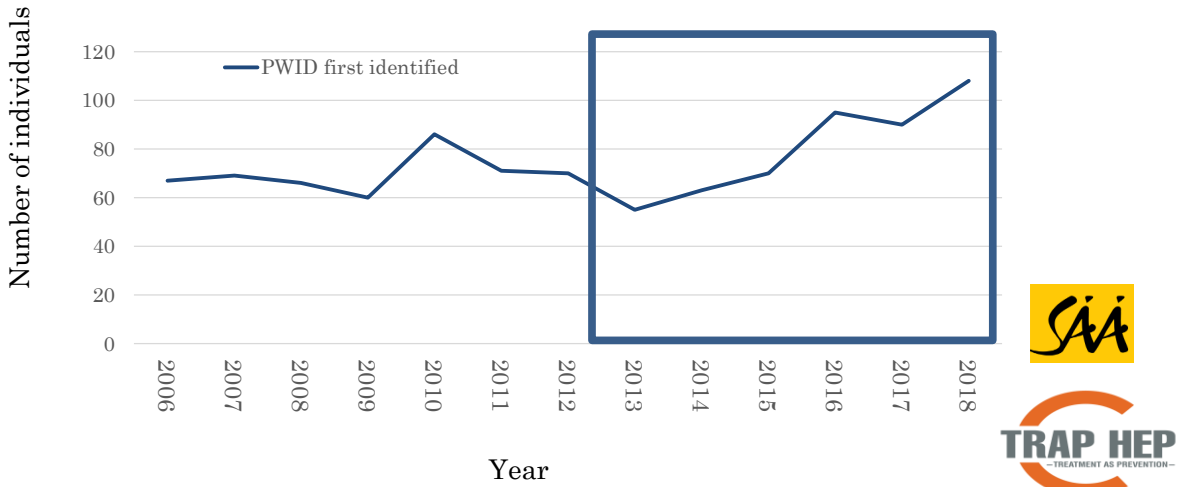


Vogur Addiction Hospital, SAA-National Center for Addiction Medicine

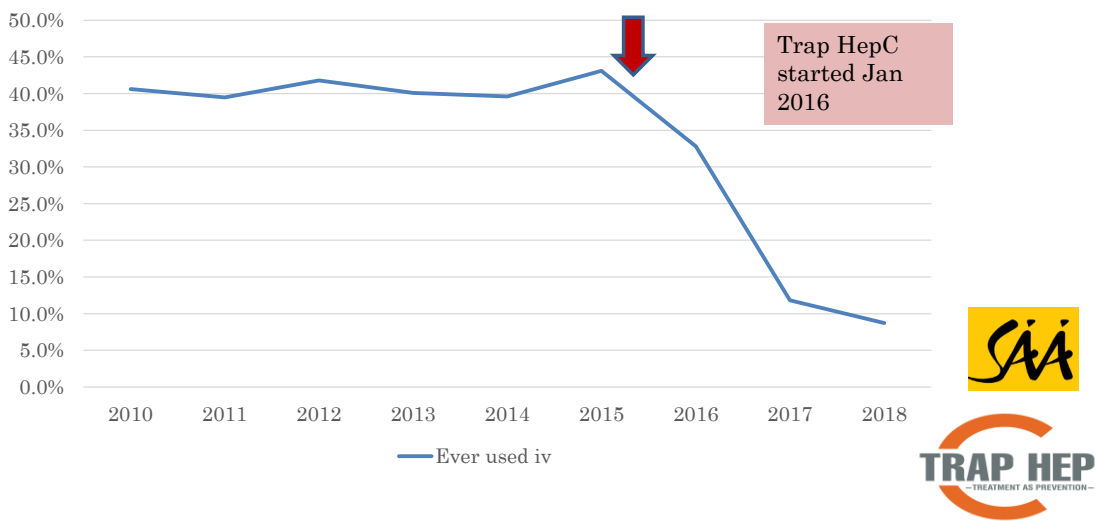
- Iceland’s main addiction treatment center, easy access, free of charge
- 7,4% of the adult population has received care at Vogur Hospital
- Treats the vast majority of PWID
- Comprehensive **screening** of PWID and precise database on HCV since 1990’s
- Opportunity to monitor early trends in HCV prevalence among PWID
- Antiviral **treatment** for HCV provided along with addiction treatment



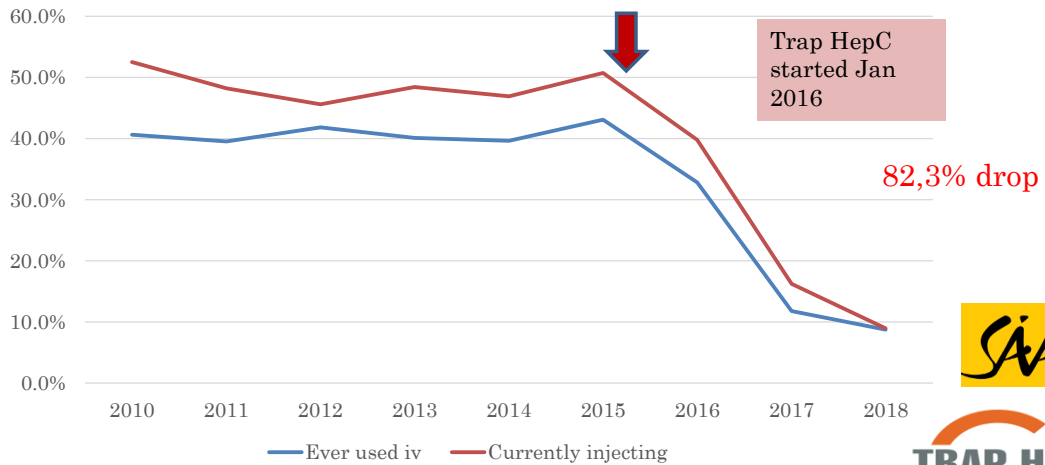
Increasing number of PWID first time at Vogur Addiction Hospital 2006 - June 2018



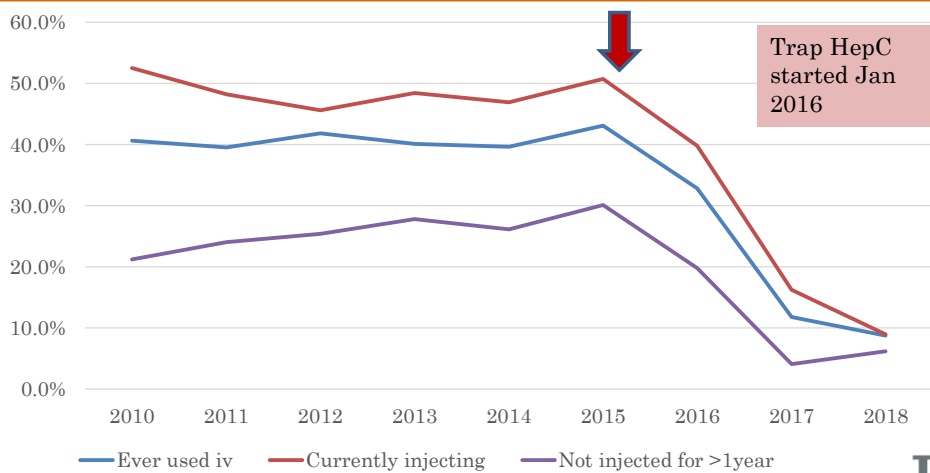
Prevalence of HCV viremia among PWID at Vogur Addiction Hospital 2010 - June 2018 : ever used iv



Prevalence of HCV viremia among PWID at Vogur Addiction Hospital 2010 - June 2018 : currently injecting



Prevalence of HCV viremia among PWID at Vogur Addiction Hospital 2010 - June 2018 : no ivdu for >1 year



HCV among PWID at Vogur Hospital in 5 years: 2013-2017 (N=1037), as to pattern of use

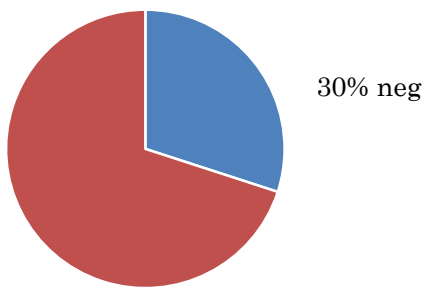
Duration of injection drug use	Total number of PWID	Hep C ab	%	2017-½2018
<10 times	260	18	6,9%	0
Regularly but not this year	217	126	58,1%	
Regularly <1 year	31	4	13,0%	0
Regularly > 1 year	529	368	69,6%	
Total	1037	516	49,8%	

2017-½2018
No HCV among PWID < 1 year

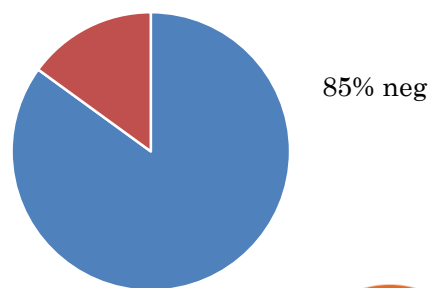


Total HCV infections at Vogur Addiction Hospital from 1991, status in 2015 and 2017 before and after 2 years of Trap HepC

2015, N:664 living with HCV



2017, N:691 living with HCV



■ PCR neg ■ PCR pos

■ PCR neg ■ PCR pos



WHO – elimination of HCV as a major health threat before 2030

- Mathematical modelling for Iceland: the WHO target could possibly be achieved in Iceland in 2020
Scott N et al, J Hepatol 2018
- Dramatic change
- **Integration of addiction treatment and HCV screening/treatment, plays an important role in TraP HepC**
 - In detoxes, treatments, MAT, harm reduction services
- That is where PWID are, and that is where HCV positives are
- Important to make: screen, diagnose and treat **”the easy choice”**
- Also important to reduce **other health risk** and harm of PWID



TraP HepC: Conclusions

- A major scale-up in HCV treatment across all patient groups has been successful in Iceland
- DAA treatment in the setting of recent IV drug use, although challenging, was generally successful
- Significant **reduction in prevalence and incidence of HCV among PWID** is seen
- Real life threats and challenges include: continuing effort in HCV screening/treatment; prioritization of authorities; risk of cluster spreading and increase in risky injection behavior



Acknowledgements

We extend our thanks to:

Patients and their families

Other TraP HepC team members:

Bergþóra Karlsdóttir

Kristín Alexíusdóttir

Anna Tómasdóttir

Kristján Sturlaugsson

Ásdís M. Finnbogadóttir

Bryndís Ólafsdóttir

Baldvin Hafsteinsson

LUH hospital pharmacy staff

Margaret Hellard

Gilead for providing DAAs

Hildigunnur Friðjónsdóttir

Halla Sigrún Arnardóttir

Ubaldo B. Hernandez

Þóra Björnsdóttir

Þórólfur Guðnason



Total HCV infections at Vogur Addiction Hospital from 1991, status in 2015 and 2017 before and after 2 years of Trap HepC

2015: N=664 LIVING HCV
POS PWID

2017: N=691 LIVING HCV
POS PWID

■ HCV PCR pos ■ HCV PCR neg

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