THE EVOLVING HEPATITIS C CARE CASCADE IN A REAL-WORLD SETTING: RESULTS FOR THE PERIOD 2003-2017 FROM FREE CLINIC ANTWERP.

Van der Mussele S[1], Windelinckx T[1], Maertens G[1], Matheï C[12]
[1]Department of Public Health & Primary Care, KU Leuven, Leuven, Belgium
[2]Free Clinic, Antwerp, Belgium

Background
Successful hepatitis C (HCV)management requires a care cascade with effective strategies to address barriers impeding people to move through all the steps of the cascade. Twenty years ago, the drug treatment center Free Clinic developed its first HCV plan. Since then, a lot has been achieved in terms of screening, diagnosis and treatment, development of care models and access to care for people who inject drugs (PWID). In this study we aimed to investigate how these accomplishments impacted in our centers care continuum.

Methods
We performed a retrospective analysis collecting data on screening uptake for HCV antibody and HCV RNA, treatment initiation and treatment outcome for the period 2003-2017. A cross-sectional study was performed to calculate the proportion of reinfection by means of the Xpert HCV Viral Load finger-stick point-of-care RNA test.

Results
Between 2003-2017, 1478 PWID, of whom 21% were women and for whom the median year of birth was 1972 , attended the center at least once. In this period, HCV antibody screening uptake increased from 70% to 90% ($p<0.001$). Amongst HCV antibody positives, the proportion tested for HCV RNA rose from 7% in 2003 to 86% in 2017 ($p>0.001$). The annual treatment initiation augmented from 2% to 10% ($p<0.001$). The overall SVR was 64%. The prevalence of HCV RNA negatives among HCV antibody positives declined from 87% in 2003 to 47% in 2017 ($p<0.001$). Based on preliminary results the reinfection rate among patients successfully treated for HCV was 3% (final results will be presented at the conference).

Conclusions
In this study we demonstrate that a sustained and comprehensive hepatitis C management results in a major decline of the micro-environment hepatitis C reservoir. Given the actual annual treatment uptake is maintained, micro-elimination of hepatitis C becomes within reach.

Disclosure of interest: Prof Dr Matheï has received funding from MSD and Gilead. No pharmaceutical grants were received in the development of this study.