

HIGH HEPATITIS C TREATMENT UPTAKE IN SUBSTANCE USE TREATMENT CENTERS AFTER AN INTERVENTION WITH IMPLEMENTATION OF DRIED BLOOD SPOT TESTING AND DECENTRALIZED TREATMENT

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Background:

Tests and treatment need to be incorporated into existing healthcare systems for people who use drugs if hepatitis C (HCV) elimination is to be achieved by 2030. The primary aim was to evaluate treatment uptake among people with HCV in substance use treatment centers after the implementation of dried blood spot (DBS) testing and decentralized HCV treatment.

Methods:

This intervention study implemented DBS testing in 15 municipal substance use treatment centers in the Region of Southern Denmark. Persons included in the study were HCV RNA positive and offered treatment onsite. A subsequent registry-based study including people enrolled in substance use treatment centers was performed to characterize treatment uptake and risk behavior in two geographical areas of the Region.

Results:

Among the outreach, hepatitis C clinic treatment uptake was 81.4% (303/372), with a higher treatment uptake in the West (86.4%) compared to the East (77.3%). Of all HCV treatments (n=489) among people enrolled in a substance use treatment center during the intervention period, the majority (62.0%) received treatment through the outreach hepatitis C clinic compared to the standard of care. A significantly higher proportion of people enrolled in a substance use treatment center in the East had received opioid agonist treatment, reported a history of injection drug use, or had been treated for alcohol overuse.

Conclusion:

Incorporating DBS as the standard of care and offering decentralized treatment led to the achievement of the WHO goal of 80% treated among diagnosed persons with HCV in substance use treatment centers at a regional level in Denmark.

Disclosure of Interest Statement:

SD has received travel support, speaker fees from Gilead, Abbott, and AbbVie, and research grants from Gilead. ALHØ has received research grants from Gilead Sciences and Medivir, speaker and consultancy fees from AbbVie, Gilead, and BMS, and travel support from Gilead Sciences, AbbVie, Merck, and BMS. PBC has received grants and/or travel support from Gilead, BMS, Merck, AbbVie, Echosens and Roche. LWM has received travel support from Gilead. All grants are unrelated to the current study. JFH has received travel support from Gilead, AbbVie, and MSD. DKH, and BTR have no conflicts of interest.