

# **HCV-elimination in a Swiss heroin substitution program by four-weekly infectious disease specialist-visits with antibody rapid tests, mobile GeneXpert® and Fibroscan®**



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# Disclosure of conflict of interest

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**SWISSLOS**  
Kanton Aargau



# Background

## Pangenotypic Direct-acting antivirals (DAA):



- Reimbursement irrespective of liver fibrosis stage since 2017
- Prescription restricted to infectious disease specialists, gastroenterologists and certain addiction specialists



## Further barriers to HCV diagnosis and treatment:

- Difficult venous access after long-term intravenous drug use
- In case of referral to a specialist, difficulties keeping appointments



**Four-weekly visits by an infectious disease specialist and a study nurse (since 09/2018)**



**HIV/HCV  
rapid test**



**20 min**

**Xpert® HCV VL  
Fingerstick test**



**60 min**

**Fibroscan®  
(liver fibrosis  
assessment)**



**5-10 min**

**Recommendations  
for HAV/HBV-serology/vaccination**

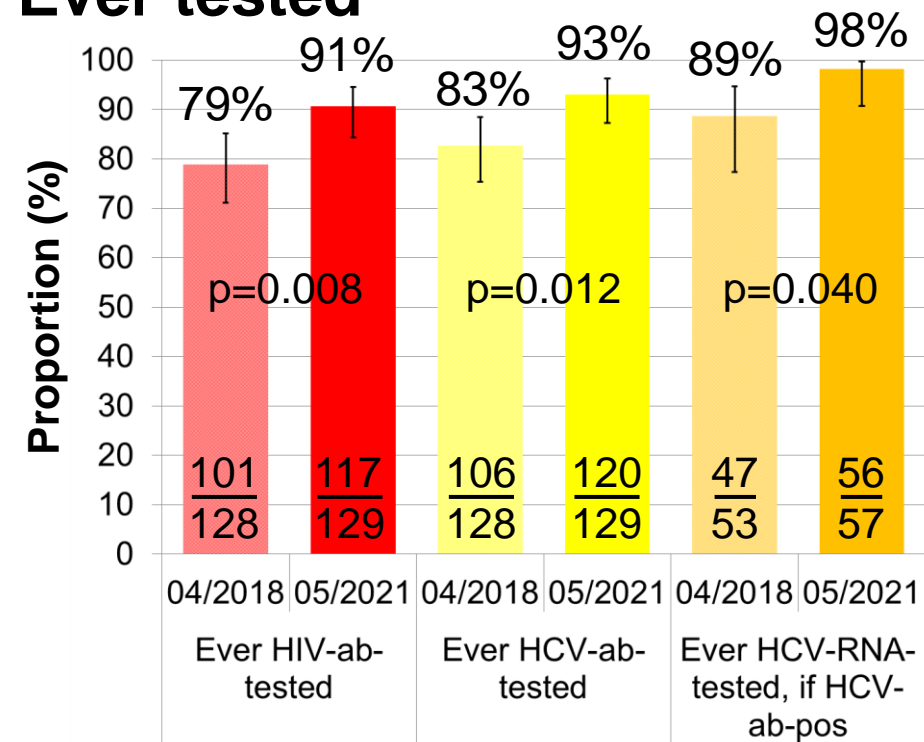


**DAA-treatment  
prescription  
on-site**

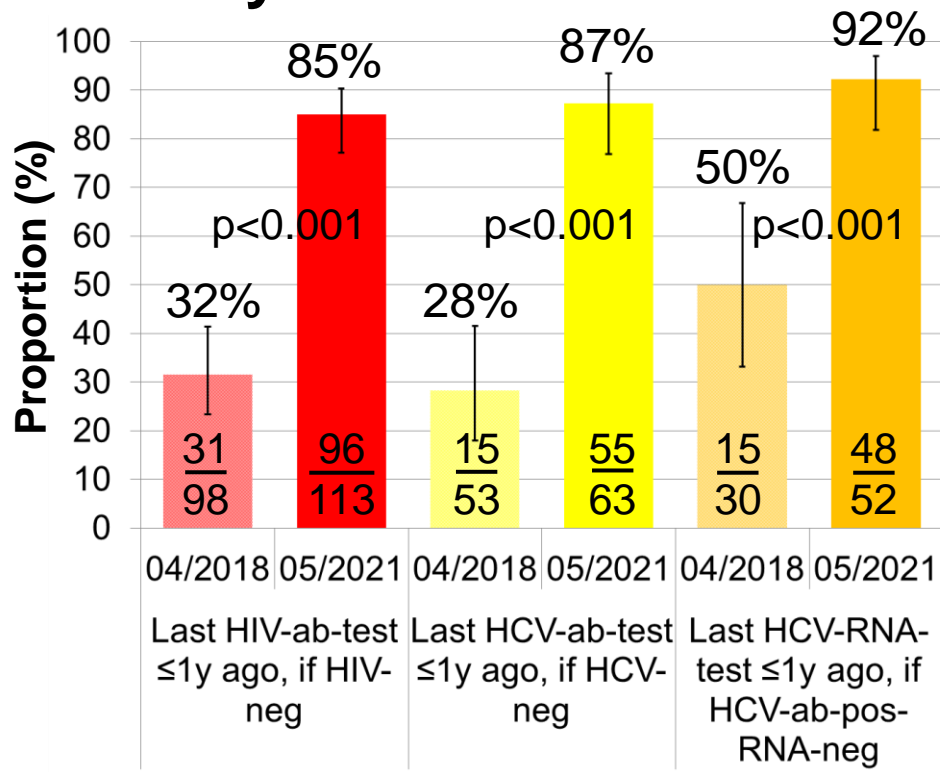


**128 OAT-patients in 04/18 → 79 (62%) still present in 05/21**  
**04/18-05/21: 72 newly registered → totally 200 patients assessed**  
**→ 129 (65%) still present in 05/21**

## Ever tested

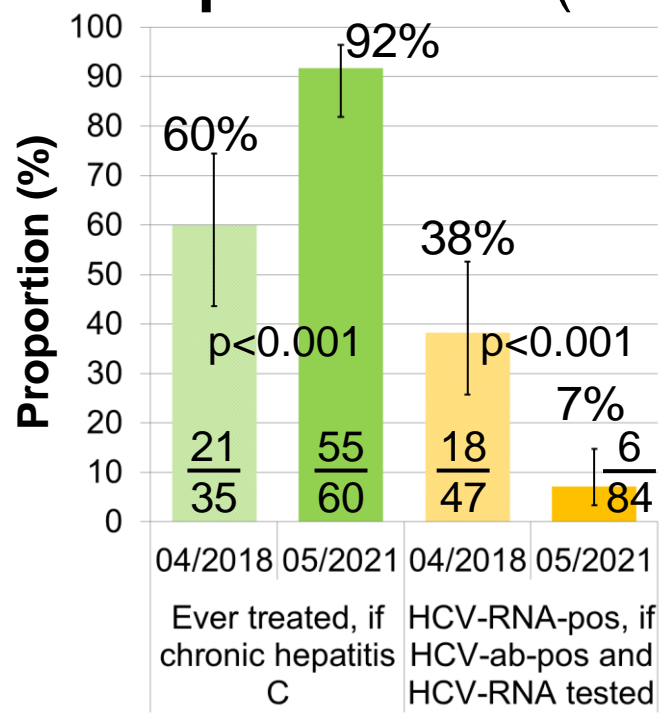
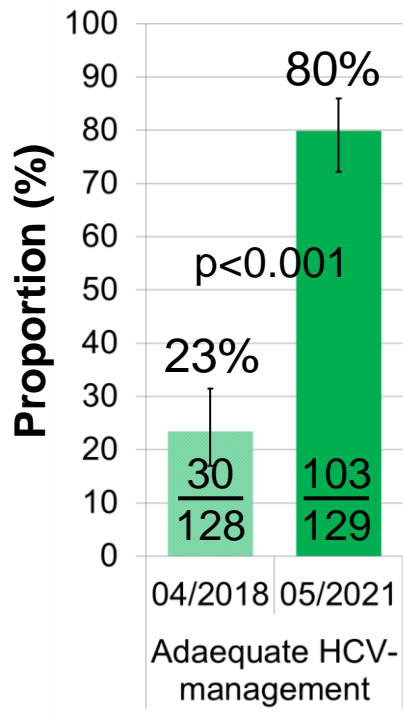


## Recently screened



**Adequate HCV-management:** last HCV-antibody-test  $\leq 1$  year ago, if HCV-antibody-negative or last HCV-RNA-test  $\leq 1$  year ago, if HCV-antibody-positive-RNA-negative

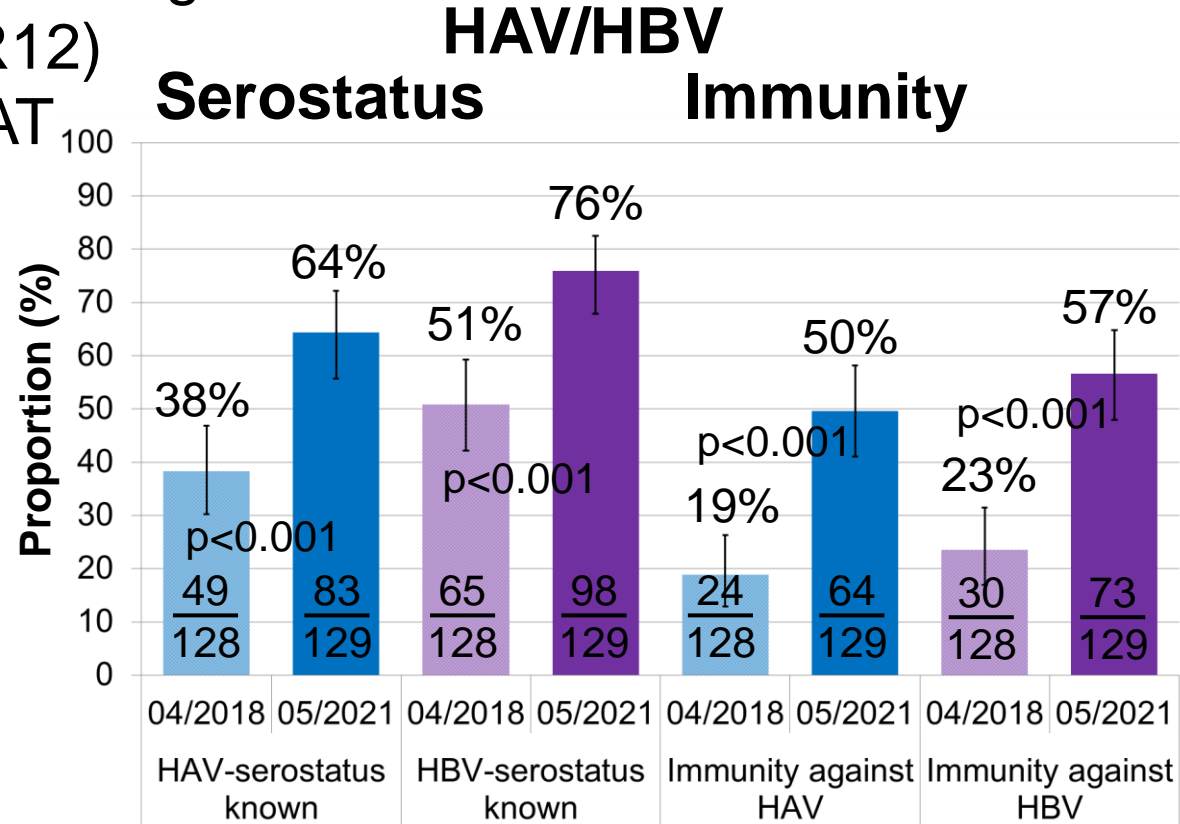
**Adequate HCV-management      HCV-treatment-uptake and HCV-RNA-prevalence (n=200)**



# Since 09/2018, 19 non-cirrhotic, HIV-negative chronic hepatitis C patients treated on-site:

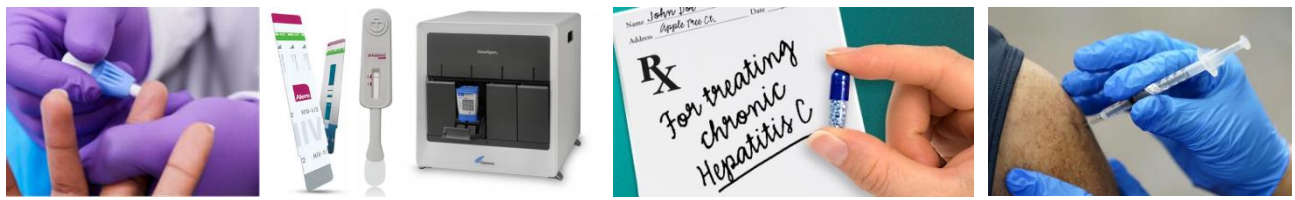
- capillary HCV-RNA-monitoring on-site (start, week 4, EOT, SVR12)
- DAA dispensed with OAT
- HAV/HBV-vaccination linked to DAA-treatment (start, week 4, SVR12)

→ 17x SVR  
→ 1x HCV-RNA-negative at EOT  
→ 1x ongoing  
→ so far, no reinfection





# Conclusion



- Capillary point-of-care-testing and a «test-and-treat/vaccinate on-site»-approach remove crucial barriers to diagnosis and treatment, making hepatitis elimination in OAT-programs achievable.
- A high fluctuation rate requires HIV/HCV/HAV/HBV-testing at admission, but also allows more patients to be screened.

## Questions

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