

HCV among PWID: are we on track for elimination?

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Disclosures

- Received grants/research support from Gilead
- Participated in sponsor speaker bureaus for AbbVie, Gilead and MSD
- Received honoraria/consultation fees from AbbVie, Gilead and MSD

Learning objective

After this talk participants should be able to:

- **Recall the value of improving hepatitis C virus (HCV) screening and treatment uptake for all opioid-dependent patients, at treatment entry and as appropriate throughout their treatment journey (i.e. after relapse)**

Why is elimination important?



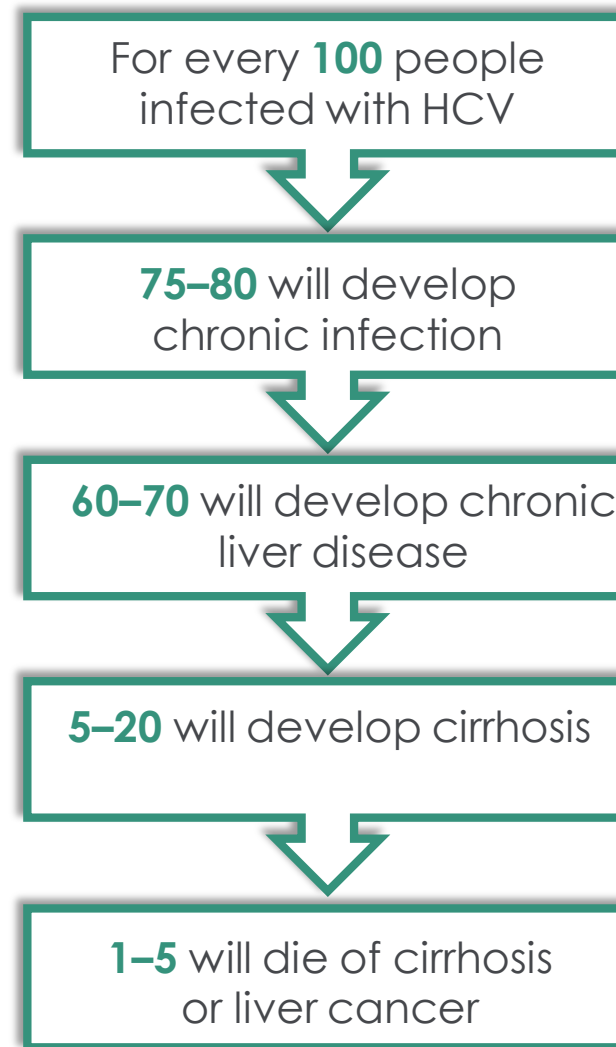
**HCV is an important
public health problem**



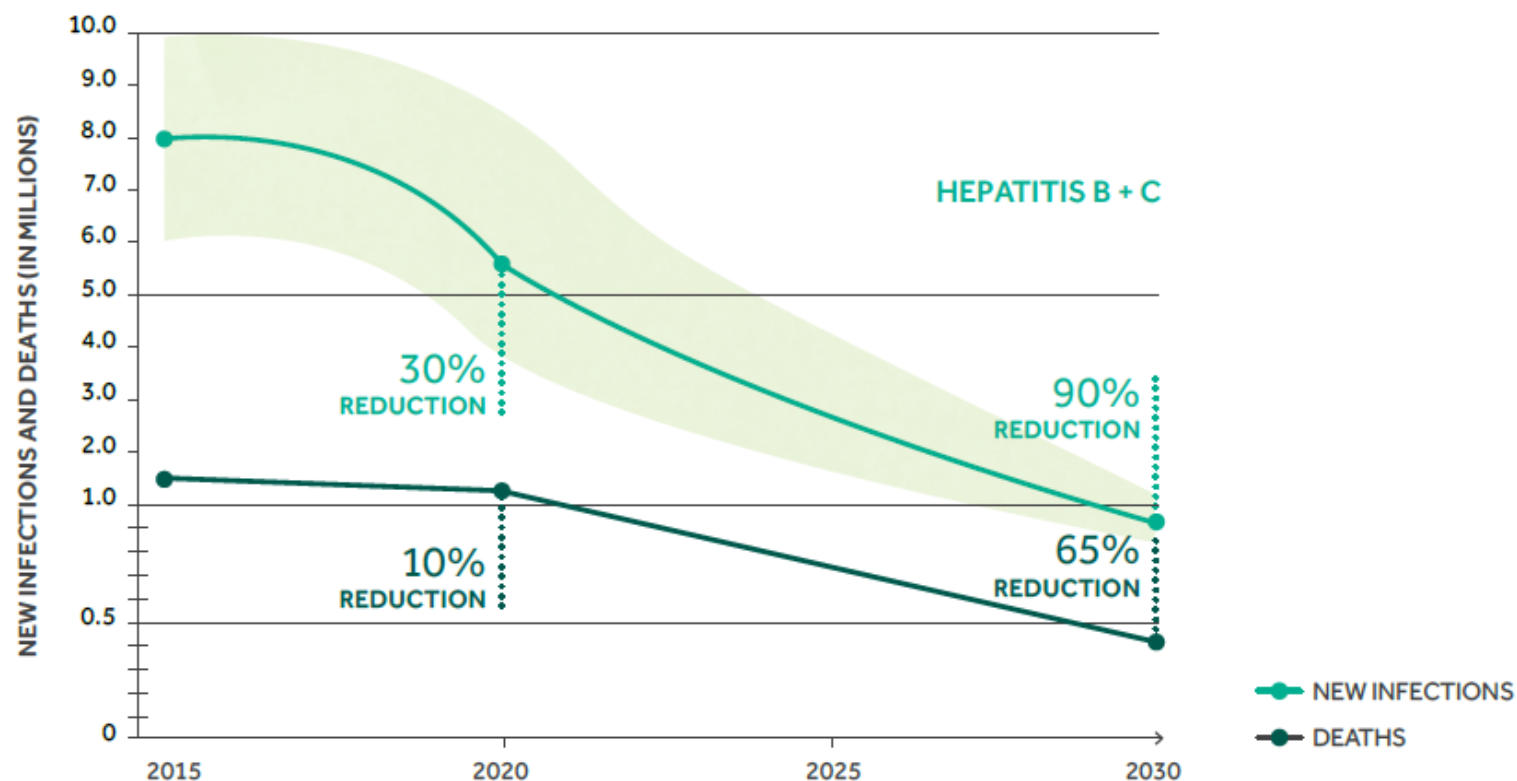
**HCV-infected population
in Europe ~9–15 million**



**Leading cause of cirrhosis
and primary liver cancer
in Europe**



World Health Organization targets



Improve diagnosis of HCV infection

- 30% by 2020
- 90% by 2030

<5% of chronic hepatitis infections diagnosed in 2015

Improve HCV treatment rate

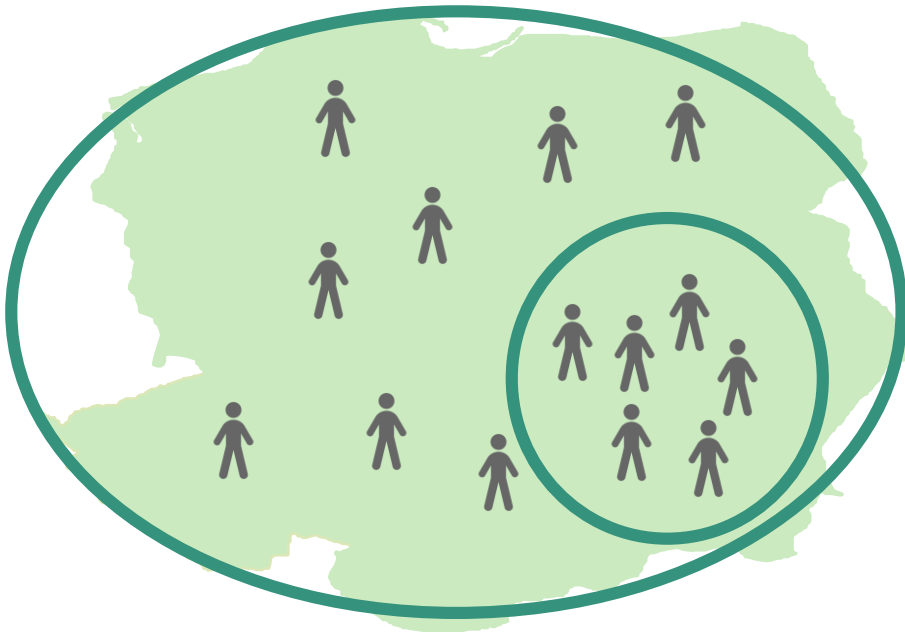
- 80% by 2030

<1% received treatment in 2015

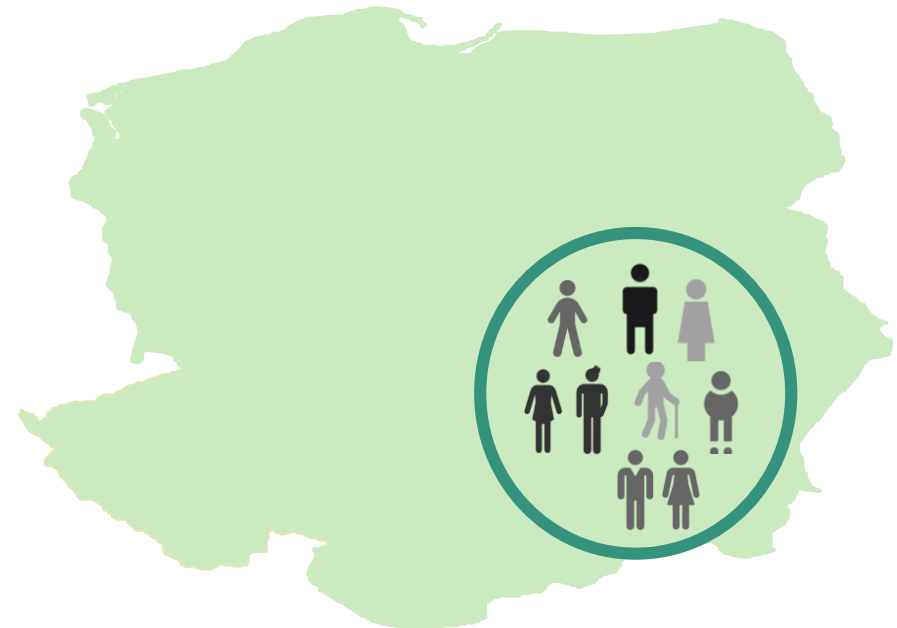
Micro-elimination (I)

Can pursue:

A specific population nationally,
regionally or at city level



Numerous populations with a
designated geographical area



Micro-elimination (II)

Pursues elimination goals in **discrete populations** through **multi-stakeholder** initiatives that **tailor interventions** to the needs of these populations

Examples of micro-elimination groups:

- ✓ Medical patients
- ✓ PWID
- ✓ Migrants
- ✓ Prisoners



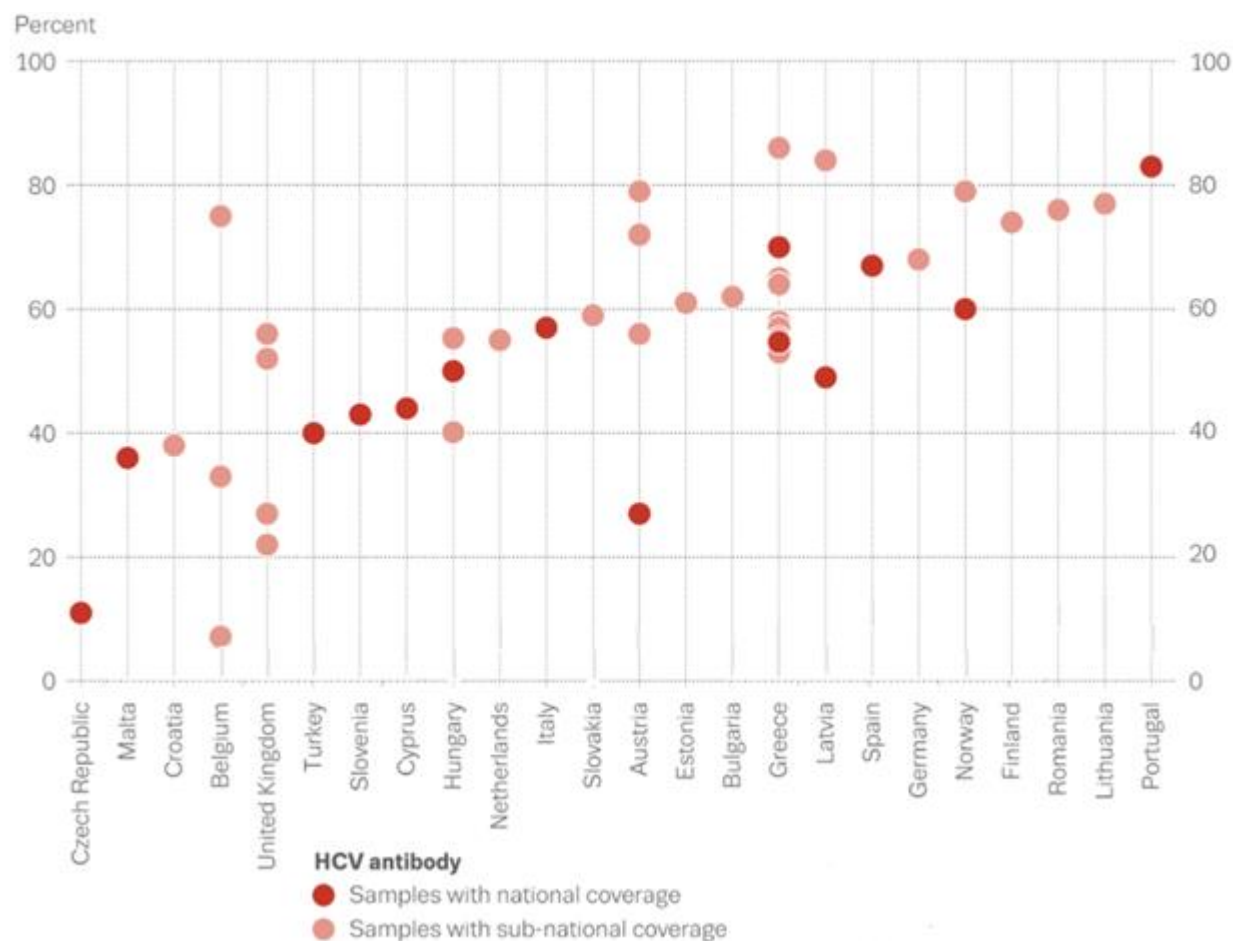
Benefits versus full-scale interventions:

- ✓ Less daunting
- ✓ Less complex
- ✓ Less costly



HCV in people who inject drugs (PWID) in Europe

Prevalence of HCV antibody among injecting drug users, 2014/15



- ✓ Key risk group for HCV
- ✓ Need to be addressed to meet 2030 goals
- ✓ Exact number of PWID with HCV uncertain
- ✓ Many unaware of infection status

HCV testing and treatment also required

Effective, tolerable HCV
treatments available



We now need to test and get
these treatments to PWID



Inconvenient
Status unknown
Inaccessible
Stigma
Worry
Fear
Distance
Other priorities



PWID reasons for not getting tested

I've other
problems of
higher priority

I think HCV is a
harmless disease

It's inconvenient to
attend testing/
treatment

I'm scared of
invasive tests and
treatment
side-effects

I'll be
stigmatised and
discriminated
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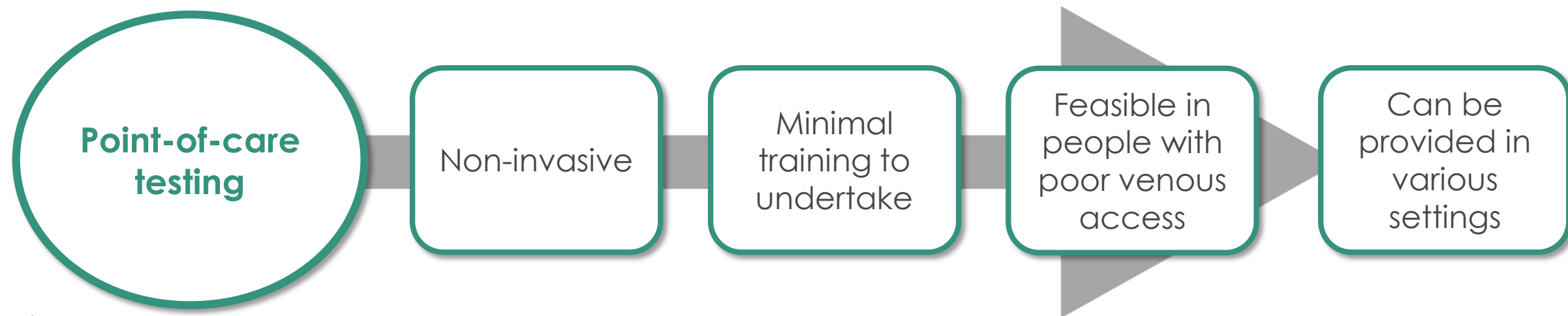
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Awareness and education are vital to address these misconceptions

Need to increase testing uptake among PWID (I)

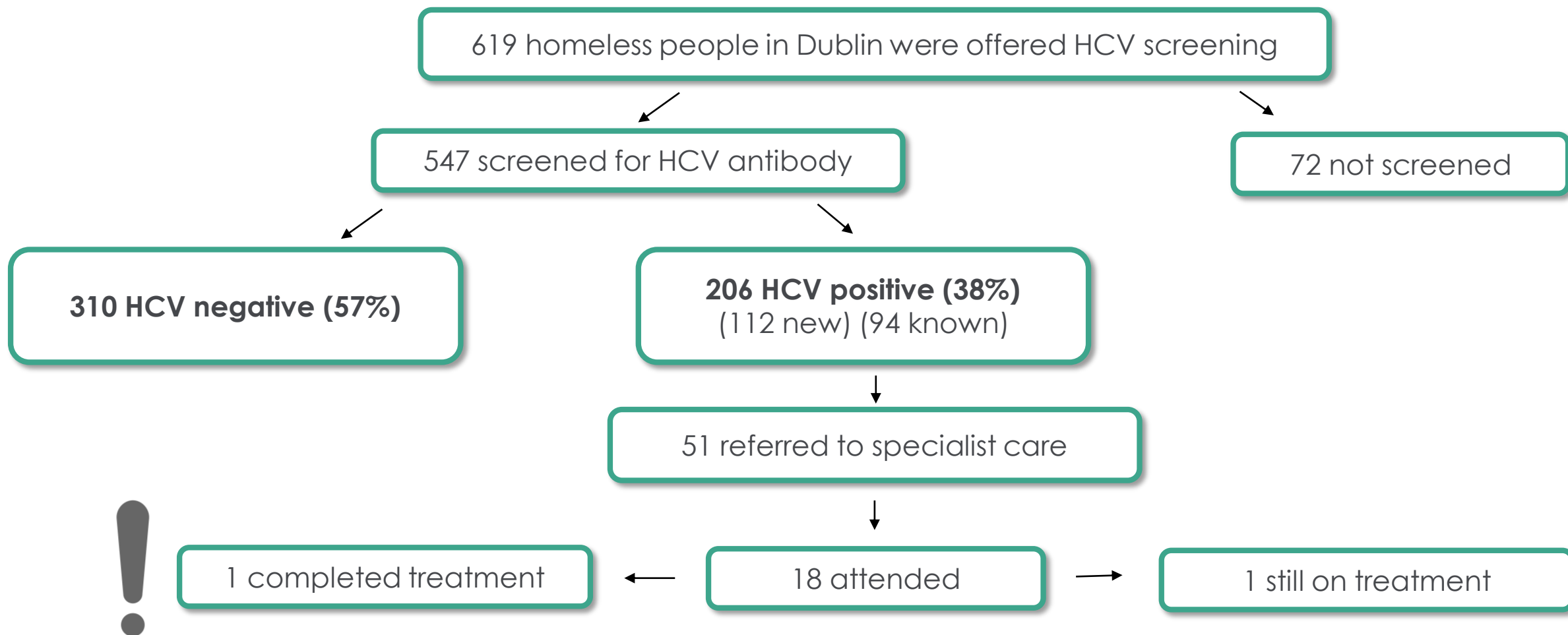


Point-of-care test	Results timeframe	Expertise required	Results given	Other notes
Saliva test	20–40 minutes	None	Antibody result only	Can be self administered
Dried blood spot test	2–3 days	Minimal	Viral load	Can test for other blood borne viruses
HCV RNA test	Within 120 minutes	Minimal	HCV-RNA	Ideal for instant linkage to care

Need to increase testing uptake among PWID (II)



Once tested, need to retain patients in treatment



HCV reinfection in PWID

Co-STAR

- 12-week, phase 3 HCV treatment trial in patients on OST
- High rates of HCV treatment efficacy observed

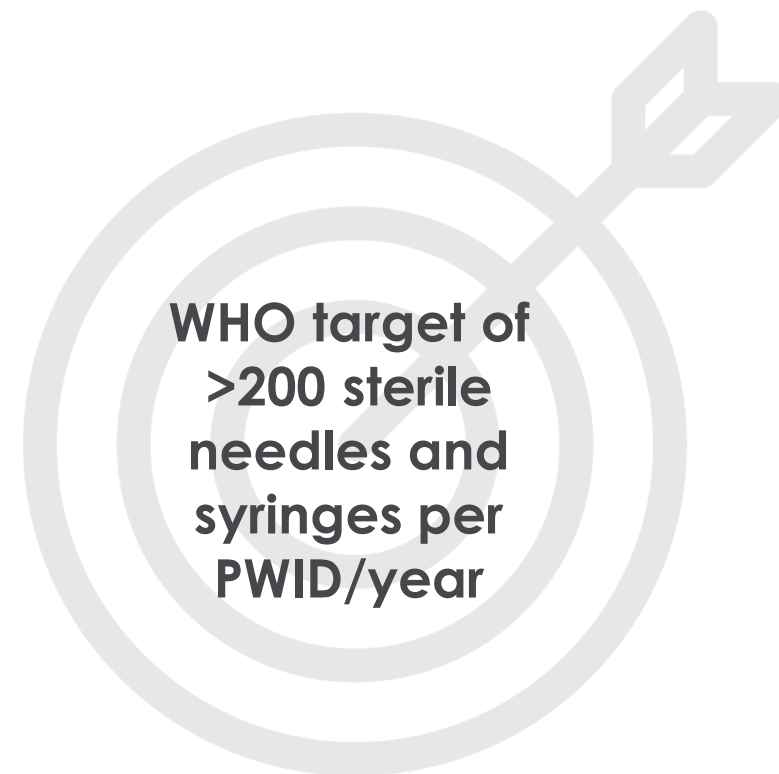
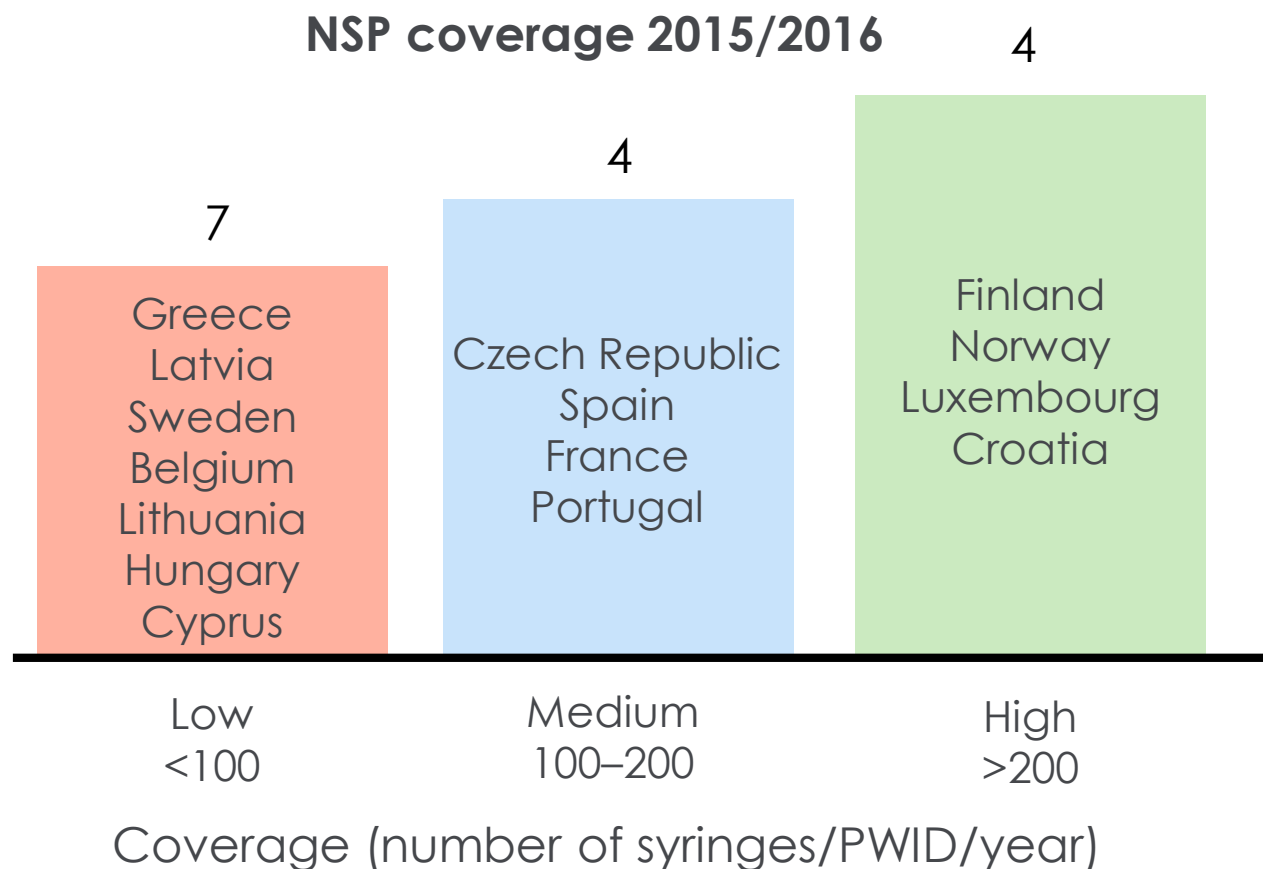
Co-STAR 3-year follow up (3YFU)

- Patients monitored over following 3 years
- Every 6 months: tested for HCV RNA
- 63% (n=185/296) enrolled in 3-year follow study

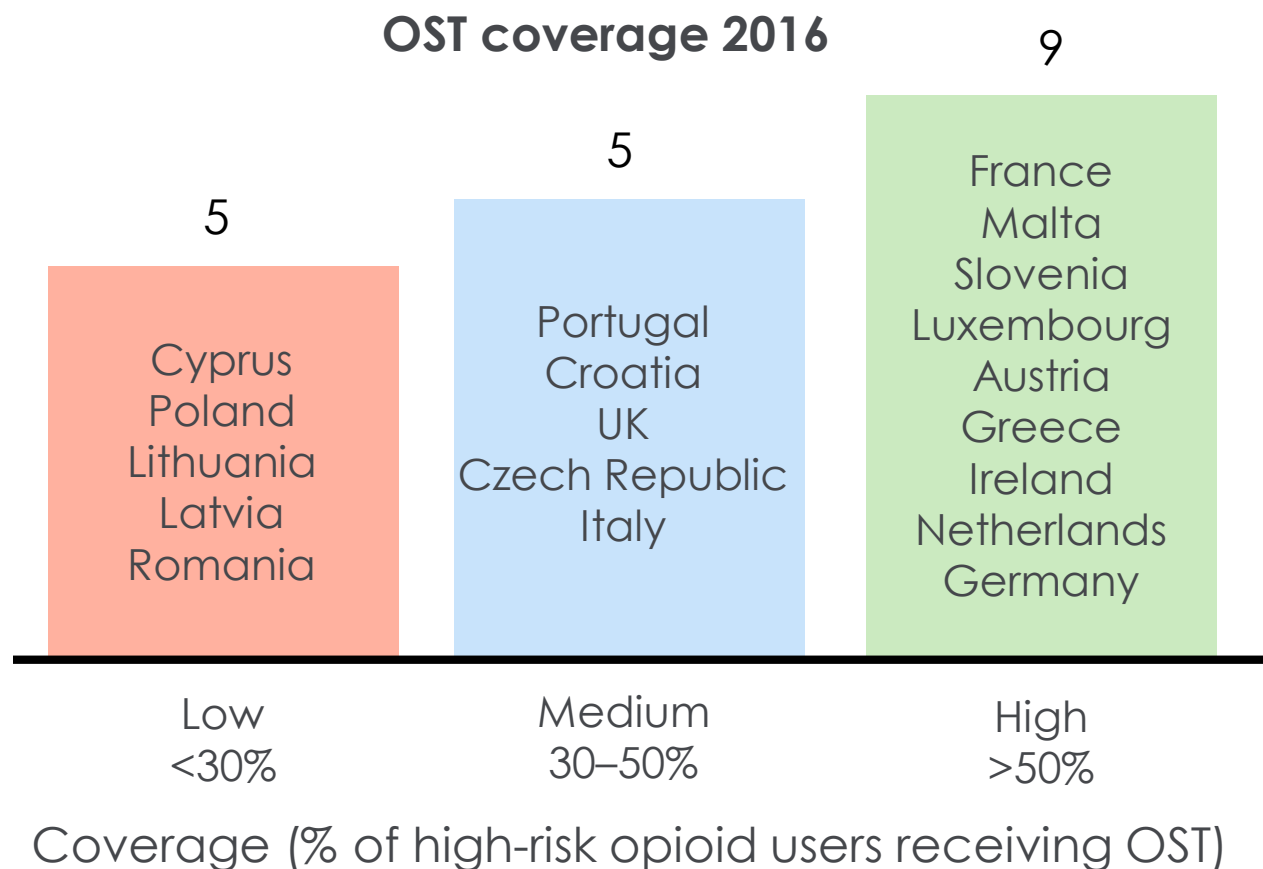
Time period	Number of reinfections (n)
Between end of HCV treatment and week 24 follow-up	2% (6/296)
At first visit during 3YFU*	0.54% (1/185)

*Median time from EOT to first visit during 3YFU was 330 days

Current harm reduction landscape (I)



Current harm reduction landscape (II)



However, opioid substitution therapy (OST) and needle syringe programmes (NSP) alone not enough to achieve HCV elimination in PWID...

Case study: Iceland TraP HepC

2014 Iceland population:
325,671

~1,100 **HCV-positive** people
in 2014;
prevalence of **0.3%**

TraP HepC, a nationwide
HCV programme launched
in **2016**

Aim was to **offer direct-
acting antivirals** to all HCV-
positive patients in **the
population** in a relatively
short time



Most HCV-positive people in
Iceland have **history of
injecting drug use**

Prevalence of HCV antibody
among **PWID ~45%**

Therefore, focused on PWID
as a **micro-elimination** group

Approach to PWID

Intensified screening of PWID



Used point-of-care testing



Visited PWID (homeless shelters, halfway houses, mobile harm reduction units)



Increased screening at emergency rooms, addiction treatment centres, prisons



Encouraged PWID to bring injection partners for testing/treatment

Optimised treatment adherence



On-treatment monitoring and use of pill boxes



Travel stipends



Increased nurse counselling



Links to other health services (addiction treatment, psychiatric services)

TraP HepC 15 months post launch

56–70% (n=557)
of estimated
HCV-positive
people
were tested

At baseline testing 37%
reported injecting drug
use in past 6 months

94% of these
people started
treatment
(n=526)

**Iceland is now anticipated to
achieve WHO HCV
elimination goal before 2030**

Virological
response rates
are generally
high

Sustained viral response at
12 weeks after the end of
treatment: 87% in drug users
95% in non-drug users

Conclusion

- PWID is a key group to address to eliminate HCV
- Increased HCV testing and treatment needed to get effective treatments to this population
- NSP and OST also vital to reduce HCV transmission and prevent reinfection