

A community-based peer-driven program to reach people who inject drugs, monitor risk behaviours and “test and treat” for infectious diseases in Athens, Greece:

ARISTOTLE HCV-HIV

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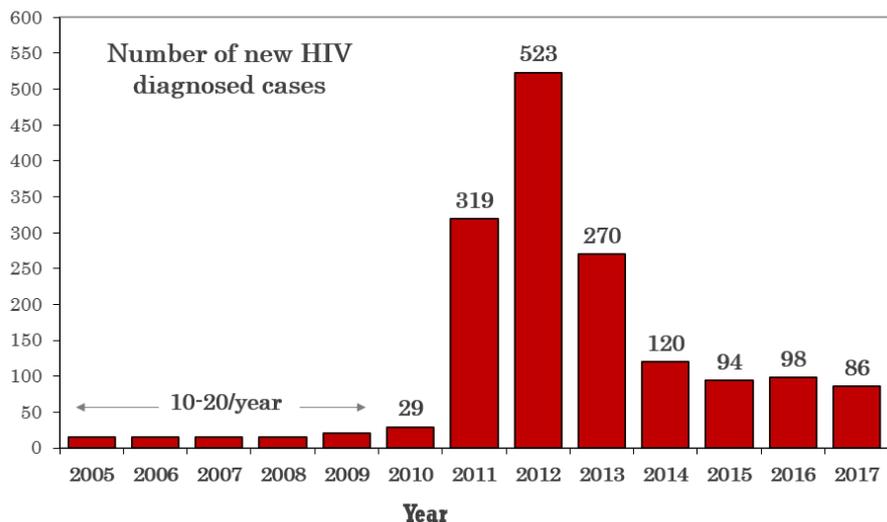
Disclosures

- Research grants from Gilead & Abbvie



High burden of HCV and HIV infection among PWID in Athens

HIV outbreak in 2011 among PWID



**HIV prevalence
(2012-2013): 16.5%**

High HCV prevalence & incidence

**HCV prevalence
(2018): ~75%**

**HCV incidence
(2012-2013): ~56 new
infections/100 pyrs**



Access to HCV treatment with Direct Acting Antivirals (DAAs) in Greece

- A **national treatment registry** is in place – approval for free DAAs is granted through that registry
 - Necessary info for the registry: social security number, HCV RNA, genotype, biochemical testing, fibroscan (recently removed as a prerequisite)
- **Treatment restrictions:**
 - **July 2017:** HIV-HCV coinfection or liver fibrosis stage \geq F2
 - **September 2018:** No restrictions



The problem

8 out of 10 PWID are HCV infected

Continuing HCV transmission in the population

HIV-HCV coinfection



**A small % of PWID access treatment with DAAs
although treatment restrictions have been removed**



ARISTOTLE HCV-HIV

Aim

To increase diagnosis and treatment for HCV and HIV infection among PWID in Athens

Target population



3,000 PWID in Athens

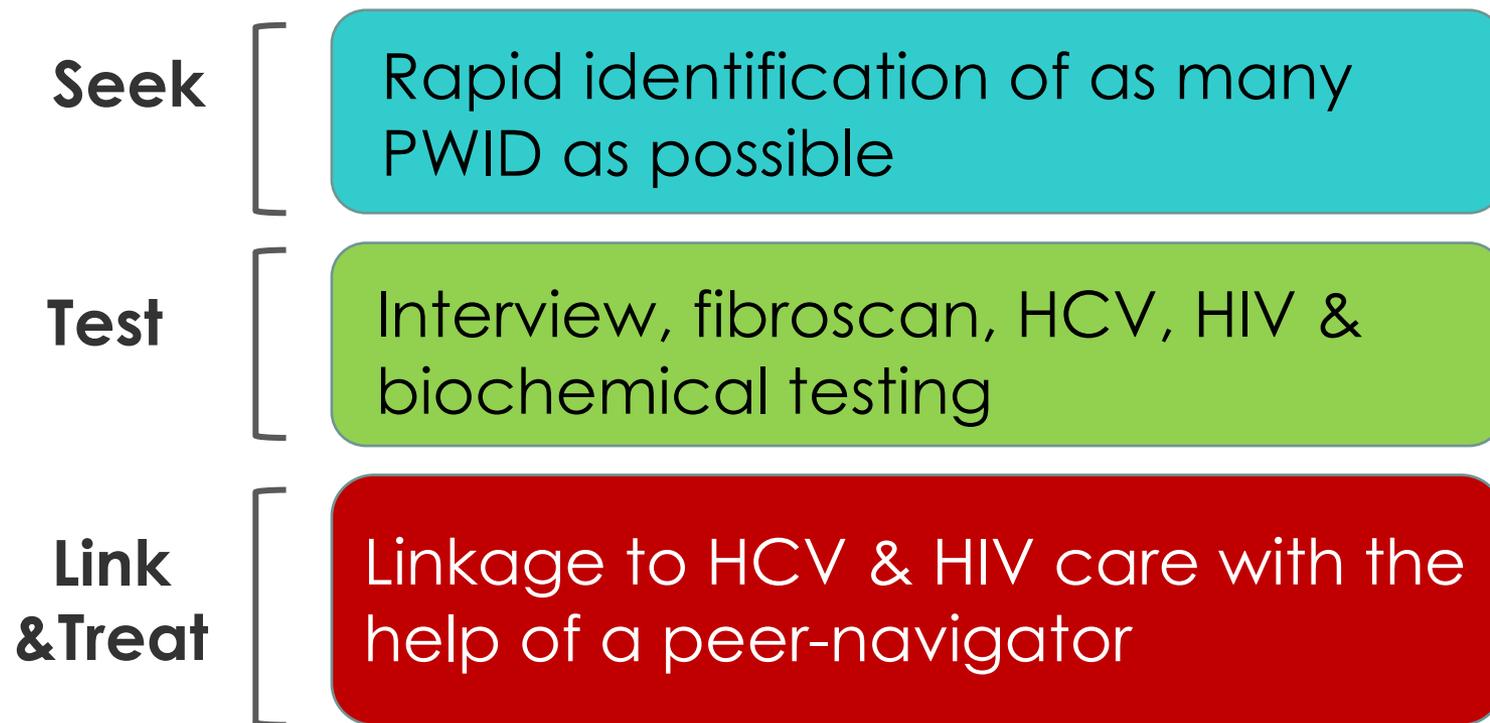
- Injecting drug use in the past 12 months
- ≥ 18 years old

Based on the design of ARISTOTLE implemented during an HIV outbreak among PWID in Athens (2012-2013) → "Good practice in the health sector response to HIV in the WHO European Region"

(Sympsa et al, J Inf Dis, 2017, Hatzakis et al, Addiction 2015)



ARISTOTLE HCV-HIV: A seek-test-link-treat intervention



Multiple successive recruitment rounds:
PWID are eligible to participate in each round



Challenges

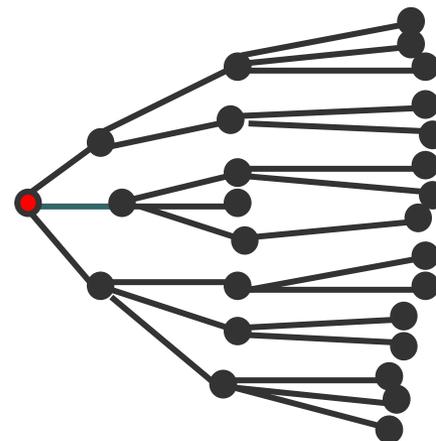
1. Reaching a hard-to-reach population

- PWID → **hard-to-reach population**
 - Subgroups even more hard-to-reach:
e.g. immigrants without documents
- Need to implement the intervention **rapidly** and to achieve **high coverage** in the screening of the target population



Reaching the target population: Respondent-driven sampling (RDS)

- An initial number of recruits (seeds) from the target population receive coupons and are asked to draw from their existing injection networks to identify up to 3 potential recruits → Chains of recruits are accrued



- Monetary incentives to:
 - Participate
 - Recruit others
 - Linkage to care

- Study site: Located in the centre of Athens

*Heckathorn et al,
Social Problems 1997*



First recruitment round

During April 2018-February 2019 (10 months):

N=1,365 PWID participated to the program

The first 1,000 were recruited in 4 months



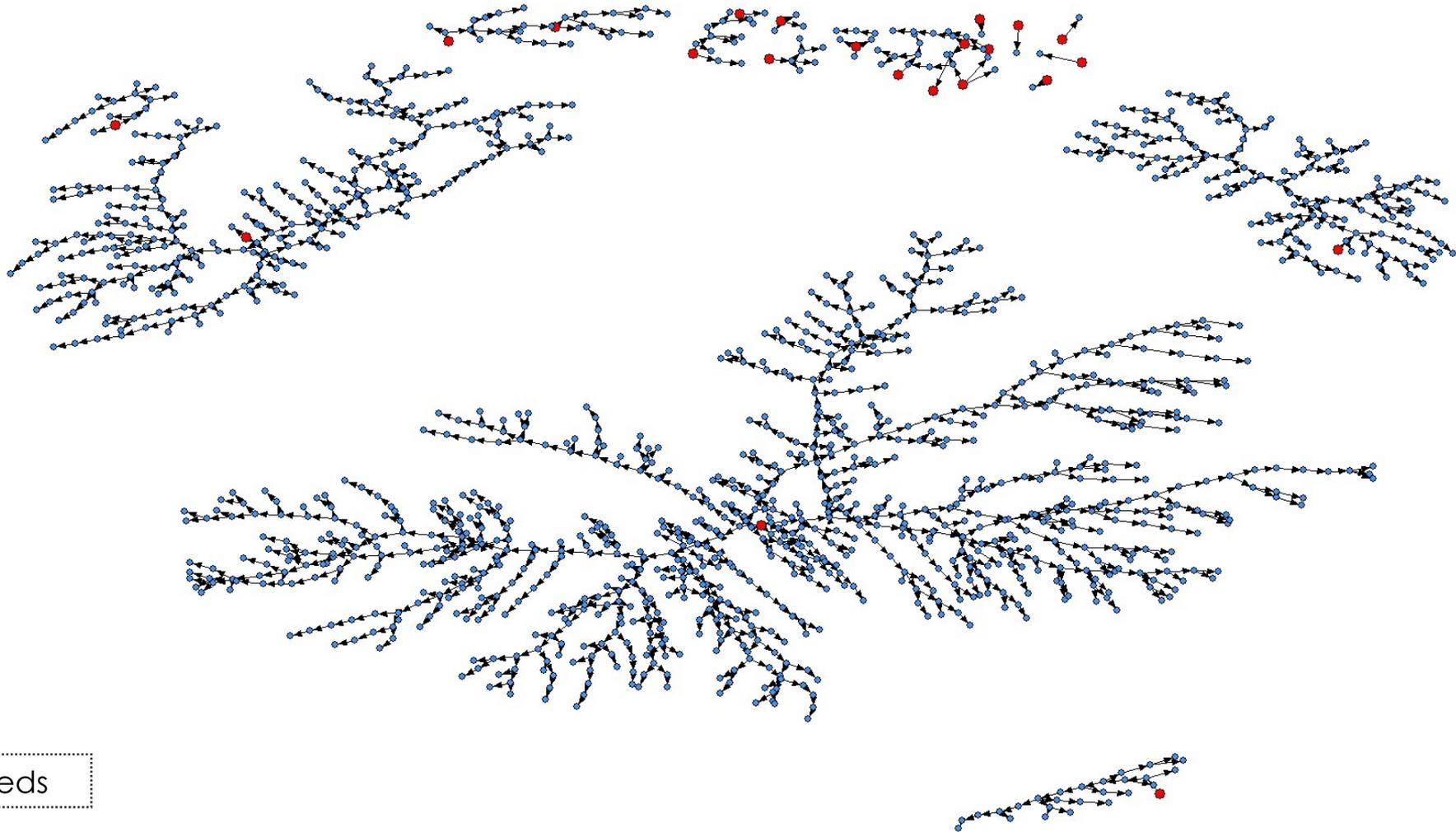
Population coverage

Coverage of the population of
active PWID:
95% (61%-100%)

(based on the official capture-recapture estimate of the population size of PWID with injecting drug use in the last 30 days provided by the Greek Monitoring Centre for Drugs)



RDS recruitment



● Seeds



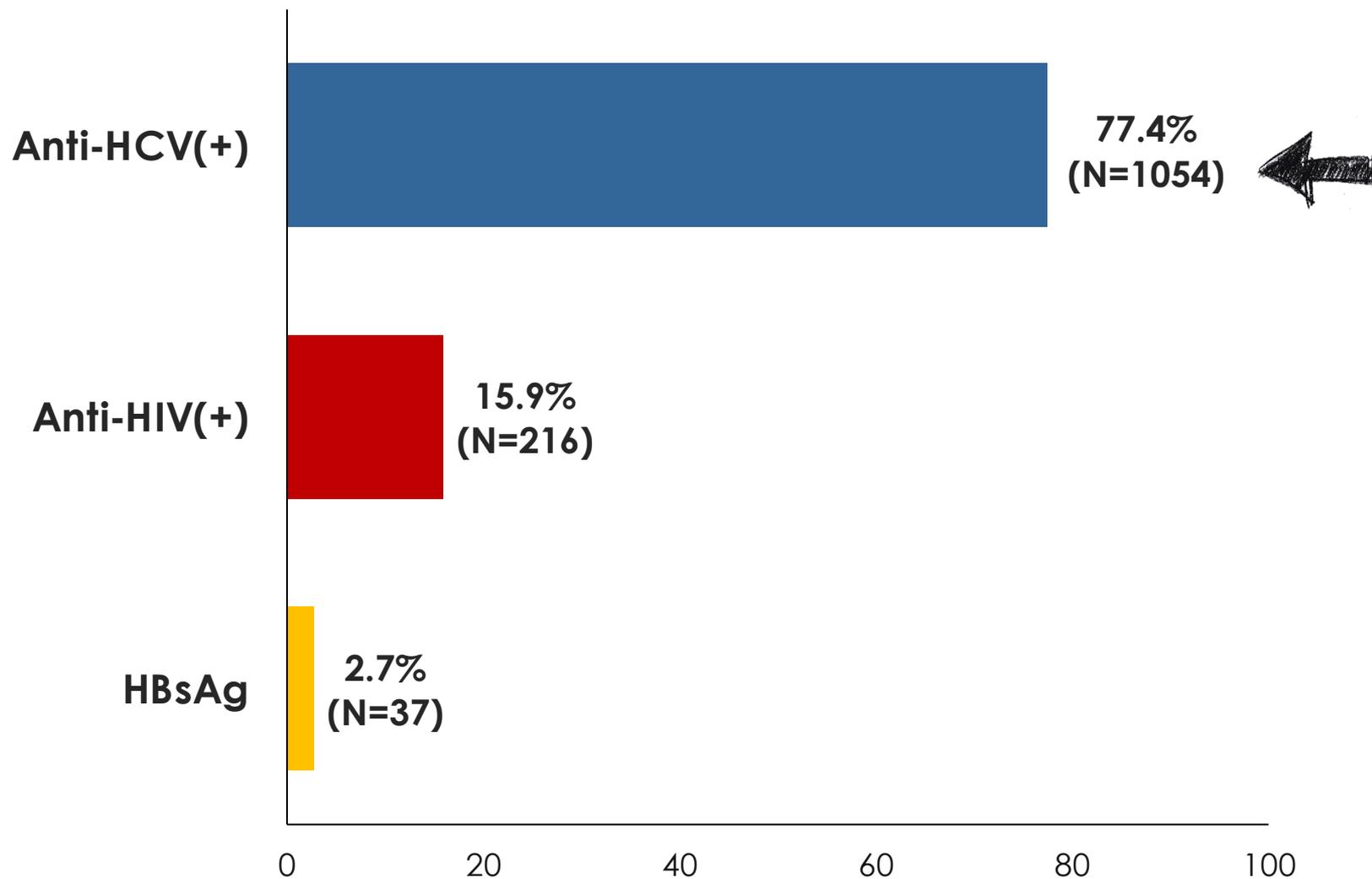
Participants' characteristics

N=1,365 participants

Age, mean	39 years
Gender	
Male	83.9%
Female	16.1%
Nationality	
Greek	84.5%
Other	15.5%
Injecting drug use in the past 30 days	78.1%
Currently homeless	27.0%
In OST program (now)	22.0%



Prevalence of HCV, HBV, HIV





Challenges:

1. Reaching a hard-to-reach population

2. Linkage to HCV care

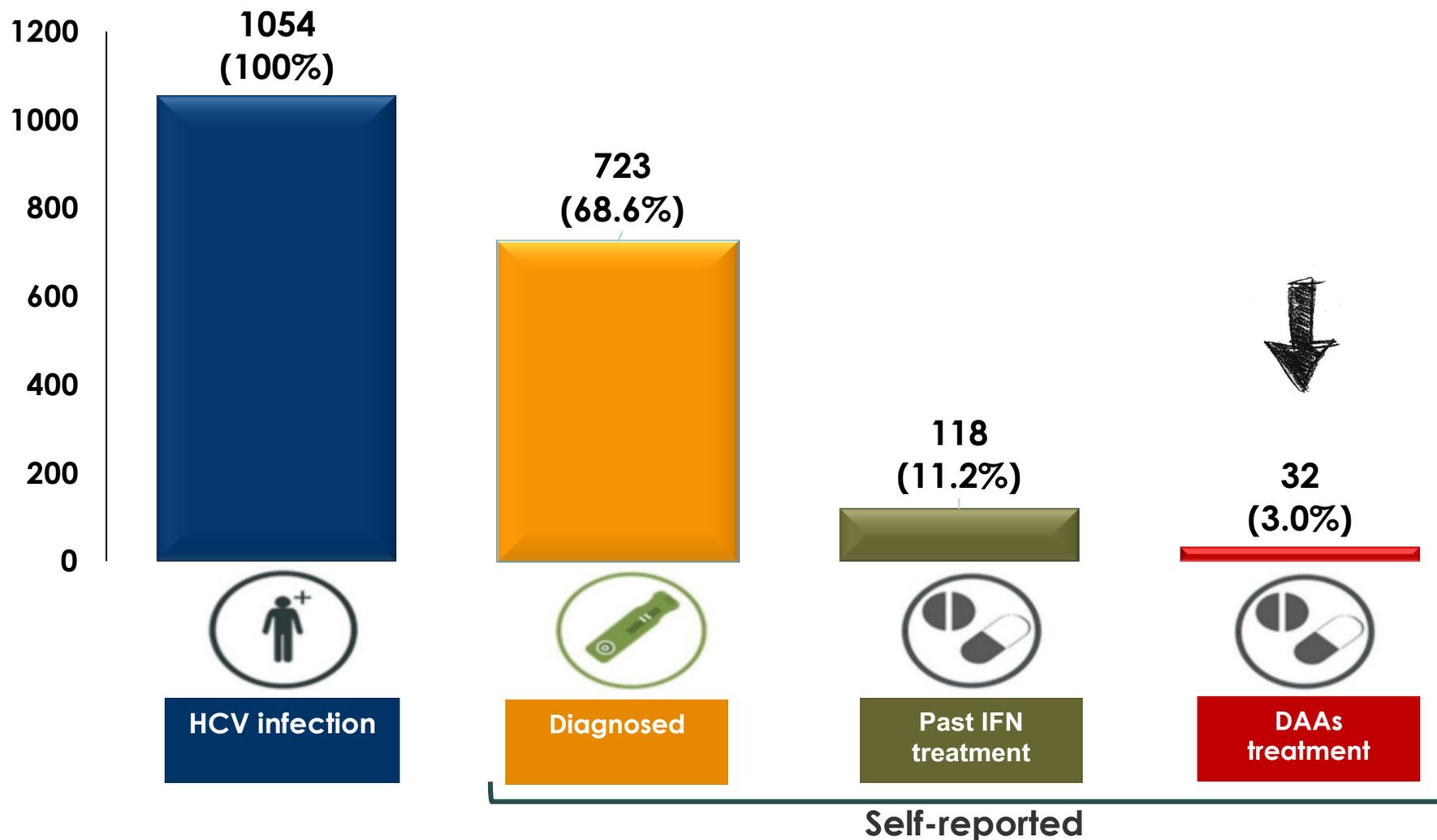
Several intermediate steps:

- All necessary testing is performed
- Participants obtain their test results
- Patients are entered to the chronic hepatitis C registry for DAAs approval
- First appointment with the hepatologist
- Visit to the pharmacy to obtain DAAs

**Treatment restriction applied
for the first 5 months of the program**



Diagnosis and treatment of HCV infection among PWID in Athens, Greece before their participation to the program





Actions to improve linkage to care in ARISTOTLE HCV-HIV

1

All necessary testing is performed in ARISTOTLE HCV-HIV in a single visit

2

The program staff seeks actively social security numbers from participants (reminders through SMS etc)

3

A network of collaborating clinicians was set up

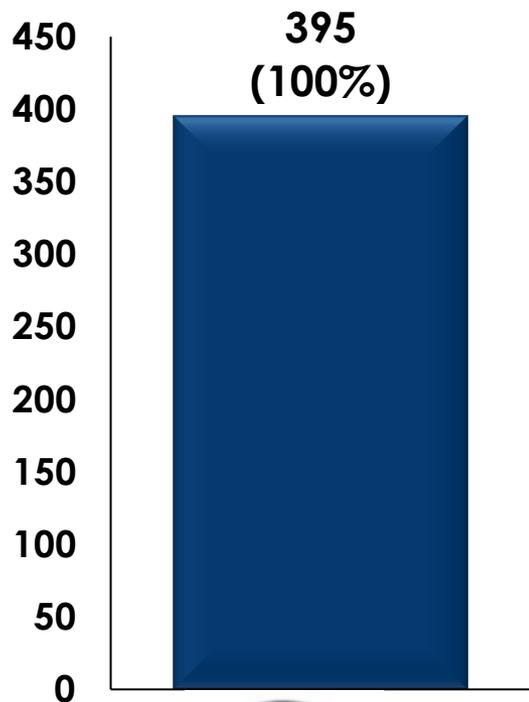
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A peer-navigator accompanies patients to their first visit to liver or infectious diseases clinics – now clinicians visit the program.



The impact of ARISTOTLE HIV-HCV program: Cascade of care among participants

(for PWID with HCV mono-infection who fulfilled treatment criteria)

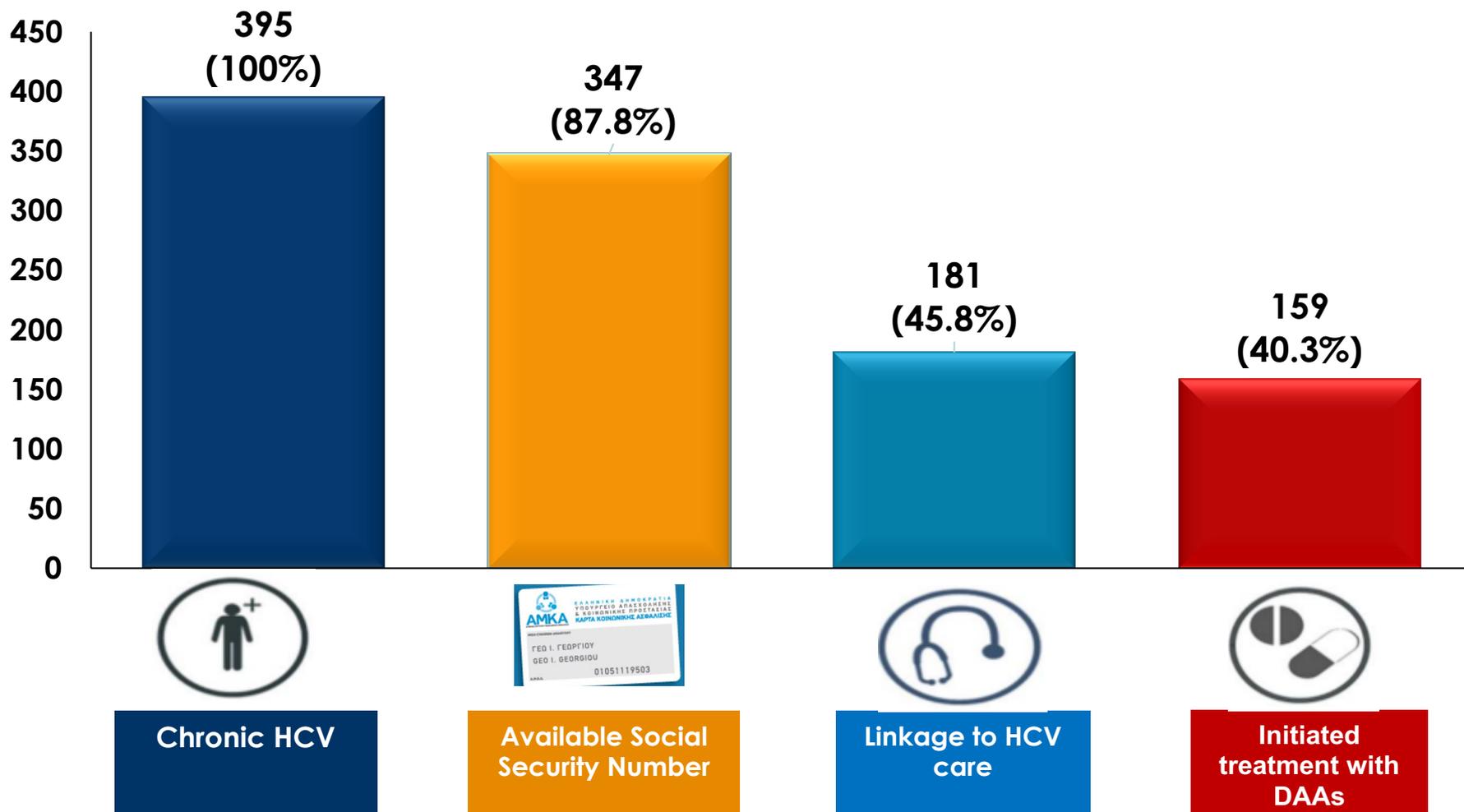


Chronic HCV



The impact of ARISTOTLE HIV-HCV program: Cascade of care among participants

(for PWID with HCV mono-infection who fulfilled treatment criteria)



(data on linkage to care up to September 2019)



Discussion

- Community-based peer-driven chain referral allowed to reach rapidly a large number of PWID most in need:
 - High HCV prevalence - Active PWID - Homeless - Not linked to OST
- 2 out of 3 HCV-infected PWID were already aware of their infection BUT low proportion reported treatment with DAAs before the program
- 4 out of 10 participants fulfilling treatment criteria for HCV initiated treatment with DAAs after their participation to ARISTOTLE HCV-HIV
 - Based on modeling, CHC prevalence would reduce to below 10% within the next 4–5 years in Athens if 16–20% of PWID were treated per year (Gountas et al, Addiction 2017)



Challenges and the future

○ Challenges

- Retention to treatment → linkage to OST, peers --to support patients throughout treatment etc

○ Multiple recruitment rounds are needed to increase coverage and linkage to care

(Sypsa et al, J Inf Dis 2017)

- A second round started in August 2019

○ A similar program was initiated in September 2019 in another city in Greece (Thessaloniki) - Program ALEXANDROS



Support

- Supported by Gilead, Abbvie and the Hellenic Scientific Society for AIDS and STDs



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