



LISBON
ADDICTIONS
2022



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Real-world hepatitis C treatment outcomes among people who inject drugs at the Stockholm needle and syringe program (NSP), Sweden

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Disclosures

- Honoraria for lectures/consultancy from AbbVie, Gilead, MSD, Mundipharma, DnE Pharma and Nordic Drugs
 - Received research grants from Gilead and Nordic Drugs
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Background

- People who inject drugs (PWID) represent a population with an **increased prevalence of hepatitis C (HCV) infections**
 - Recent studies among PWID, show **promising results regarding HCV treatment** with direct acting antiviral (DAA) and **manageable levels of reinfections**
 - HCV treatment **among PWID is essential** to reach the WHO goal of eliminating HCV as a major public health threat by 2030
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Aims

To investigate:

- Real-world HCV **treatment outcomes** at the Stockholm NSP
 - HCV **reinfection rates** after successful treatment (SVR) among HCV treated NSP participants.
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Methods - setting

- 2 fixed sites, 1 mobile unit
- 1 800 participants, 25 000 visits (yearly)
- Viremic HCV prevalence 55% (2017)
- HCV incidence 22/100 PY
- 43% using stimulants, mainly amphetamine
- 43% using opioids, mainly heroin (decreased significantly during COVID-19)
- 21% homeless

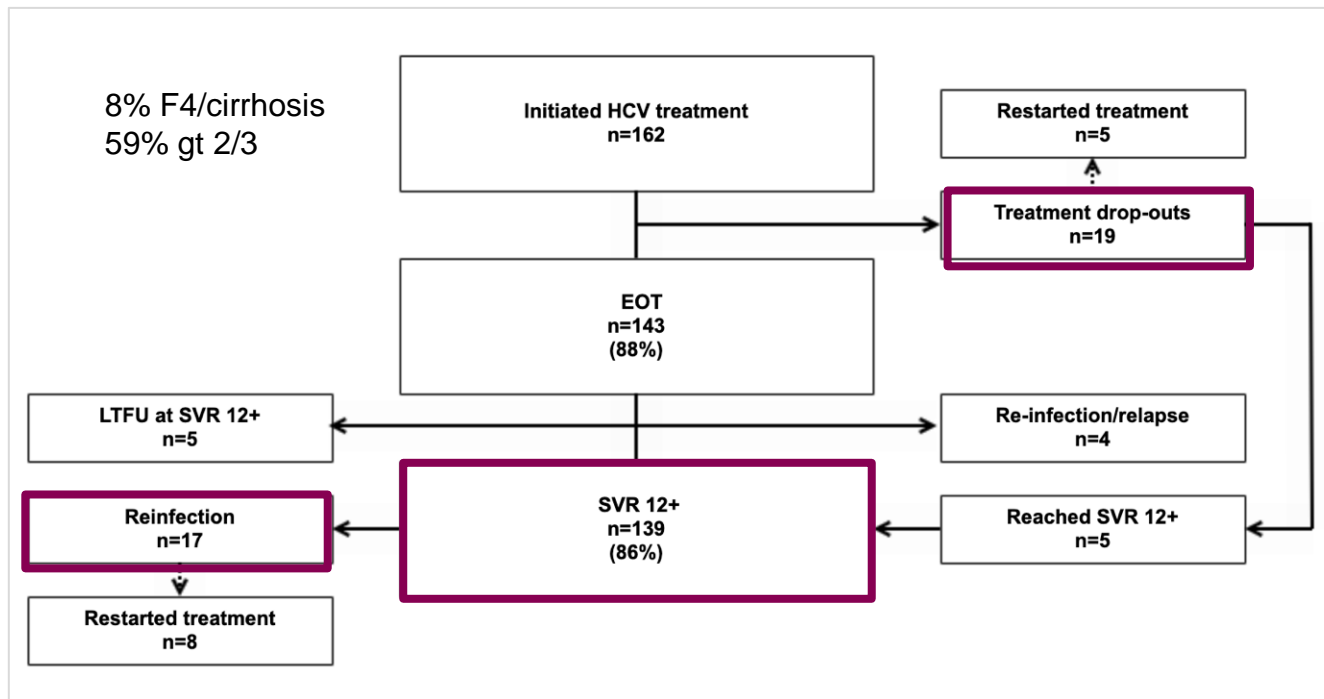


Methods

- Nurse-led HCV treatment , using a “remote consultation form” adopted from Australia
- Swedish HCV treatment guidelines
- Universal treatment (treatment for all) since 2018

- All HCV treated at the NSP between October 2017 and May 2020 were included (n=162)
- All participants were follow-up with HCV RNA every 3-6 months, post treatment, until October 31st, 2021

Treatment results (n=162) - ITT



→ stimulant use ($p < 0.05$)

→ not on OAT ($p < 0.01$)

Results

- During the study period, we also identified (n=247) NSP participants who were HCV treated at other clinics
 - Treatment outside the NSP was associated with being:
 - younger ($p < 0.05$)
 - opioid users/on OAT ($p < 0.0001$) – HCV treatment at OAT/ID clinics
 - HIV positive ($p < 0.0001$) – HCV treatment at ID clinics
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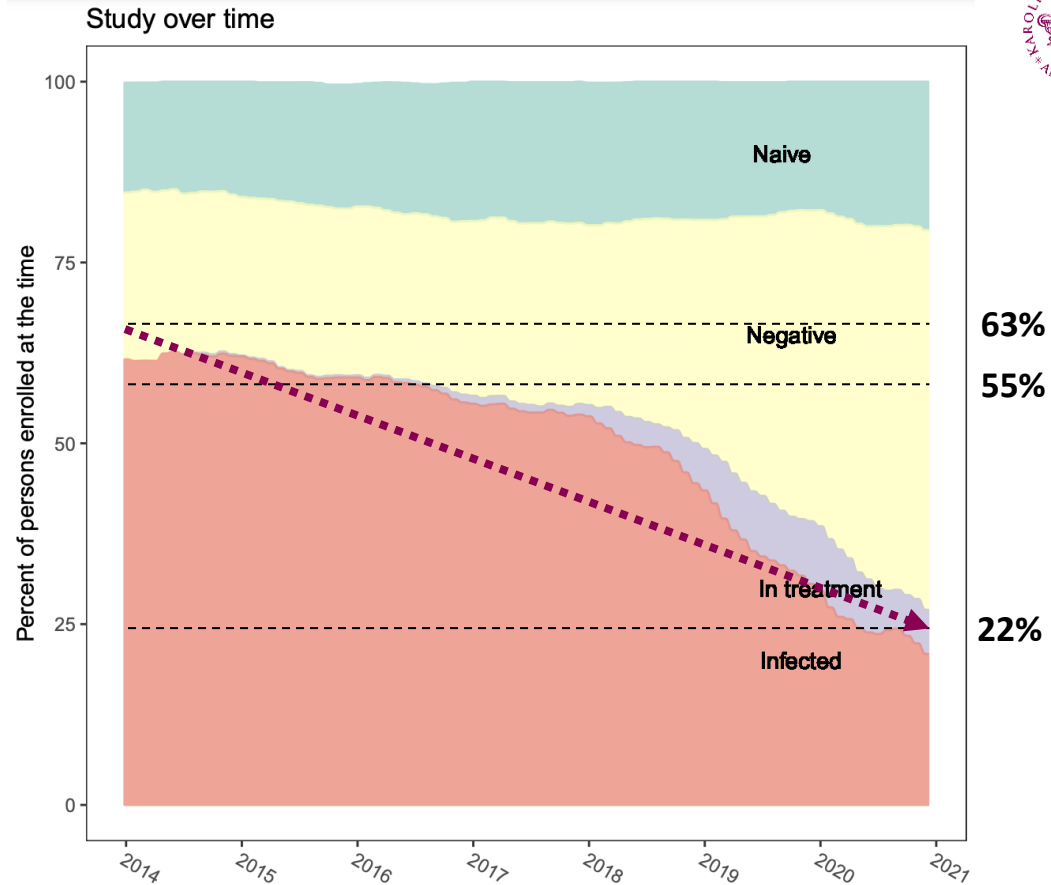
Reinfections

- Mean follow-up time post treatment: 1.4 PY
- Young age and shorter duration of IDU, ($p < 0.0001$), 21/100 PY
- Homeless ($p < 0.05$), 26/100PY
- Treated in prison, ($p < 0.05$), 65/100 PY



Overall
reinfection rate
**9.3/100
PY**

Effect on HCV prevalence over time 2014-2021



Conclusion

- A need to target PWID for HCV treatment in both harm reduction settings and other health care settings frequented by PWID
 - NSP is an important setting to reach PWID for HCV treatment, specifically those not in OAT (e.g. stimulant users)
 - The Stockholm NSP HCV treatment results match previous studies among active PWID
 - Manageable levels of reinfection
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Acknowledgements

- NSP participants
 - The staff at the Stockholm NSP
 - Karl Lindqvist M.D, Zakarias Thorin M.D, Niklas Karlsson PhD
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