Successful treatment of Hepatitis C in a HIV co-infected underserved people who inject drugs (PWID) population in Glasgow, UK.

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BACKGROUND

There is an ongoing outbreak of HIV in Glasgow among people who inject drugs (PWID). Over 50% are co-infected with hepatitis C virus (HCV). Despite high risk of onward transmission there is a reluctance to treat PWIDs. We have developed a novel approach to engage with this traditionally hard to reach cohort including community pharmacy administration of HCV treatment linked with daily dispensing of opiate substitution therapy (OST) and/or HIV anti-retroviral therapies (ART).

METHODS

- Clinical review of current outbreak cohort.
- Identified HCV RNA positive individuals for assessment and treatment consideration.
- Active drug use was not a contraindication to HCV treatment.
- Out-reach clinic in the homeless addictions service provided all care, assessments and HCV treatment alongside HIV care.

RESULTS

Outbreak cohort, N=133 (figure 1)
• 24 excluded (20 deceased and 4 transferred healthboard)
• 72/109 male
• Mean age 40
• 1/109 had previous HCV treatment
• 103/109 (94%) on ART
• 82/103 (75%) with viral suppression (VL <40)
• 78/109 (72%) on ART
  — 74/78 (95%) on ART and 57/78 (73%) with viral suppression

Current patient status (figure 2)
• 50/109 (46%) HCV RNA positive and not treated/planned for treatment.
• 26/109 (24%) treated.
• 33/109 (30%) HCV RNA negative and never treated (self-clearance).

CONCLUSIONS

HCV treatment can be successfully delivered in underserved populations but the care model has to be support engagement. We have shown increasing numbers of patients receiving HCV treatment representing the growing PWID cohort in addition to the superior reach of the out-reach model. Treatment has a high success rate with low re-infection rates to date. This has important public health implications for prevention of onward transmission and reducing future liver disease and related morbidity and mortality.

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