ERADICATE HEPATITIS C VIRUS: TREATMENT AS PREVENTION IN CHAOTIC DRUG USERS

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BACKGROUND

Approximately 1% of the Scottish population have been infected with hepatitis C compared to approximately 0.5% in other parts of the UK.

Prevalence of Hepatitis C virus (HCV) in people who inject drugs (PWID) in Tayside has been found to be consistently around 30%.

Modelling work of Martin *et al*. (2011) raises the possibility that prevalence of HCV may be reduced by treating relatively small numbers of active drug users and therefore preventing onward transmission. The model illustrates that treating as few as 10 per 1000 drug users per year can significantly impact on prevalence rates. This group has been previously thought to be too chaotic to adhere to therapy. The first step to "Treatment as Prevention" is to treat these patients.

AIM

This study aims to offer treatment to a group of drug users and to find out whether intensive support and regular follow up by dedicated research nurses plus giving various incentives has improved compliance with treatment and drug safety monitoring, thereby resulting in them clearing the HCV

OBJECTIVES

- To engage PWID at the needle exchange centres in Tayside.
- Incentivise suitable participants to comply with treatment of Interferon/ Ribavirin and a protease inhibitor, if required.
- Give participants £5-£10 grocery vouchers and high protein drinks to attend on a weekly basis throughout the course of their treatment and follow up.

METHODS & MATERIALS

In the initial 20 month study period, 119 patients discussed the study with the specialist nurses. Of those, 46 were not eligible for treatment. Reasons for ineligibility; 20 were PCR negative, 15 had no contraceptive, 3 were HCV antibody negative, 2 had no genotype, 2 were drug free, 2 were previously treated, 1 became pregnant and 1 had unstable mental health. Of the 73 eligible patients, 51 agreed to participate and were consented. Of the 51 consented, 38 (74.5%) were male. 41 have since commenced treatment, 3 being lost to follow up, 2 are in prison, 1 has a start date pending, 2 Are now drug free and are on treatment via the standard pathway, 1 in hospital and 1 had no contraception.

RESULTS

In the initial 20 month study period, 119 patients discussed the study with the specialist nurses. Of those, 46 were not eligible for treatment. Reasons for ineligibility; 20 were PCR negative, 15 had no contraceptive, 3 were HCV antibody negative, 2 had no genotype, 2 were drug free, 2 were previously treated, 1 became pregnant and 1 had unstable mental health. Of the 73 eligible patients, 51 agreed to participate and were consented. Of the 51 consented, 38 (74.5%) were male. 41 have since commenced treatment, 3 being lost to follow up, 2 are in prison, 1 has a start date pending, 2 are now drug free and are on treatment via the standard pathway, 1 in hospital and 1 had no contraception.

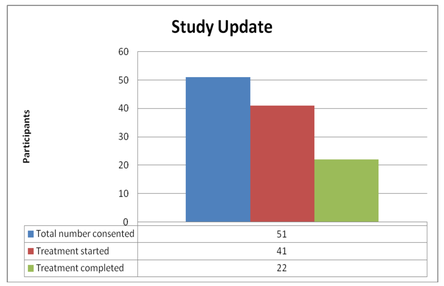

Figure 1: Study numbers update

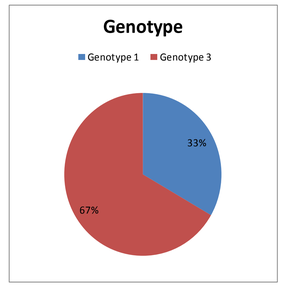

Figure 2: Genotype demographics

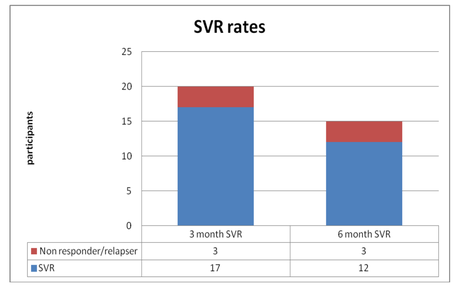

Figure 3: SVR rates

CONCLUSIONS

The results to date show that it is possible to connect with this chaotic PWID population. All of this population reached HCV PCR <=16iu/ml by week 4, culminating in an SVR rate of 80% at 6 months post treatment.

The incentivisation scheme is effective in the initial engagement stage, however once on treatment the paramount importance of becoming cured becomes the primary focus

ACKNOWLEDGEMENTS

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REFERENCES

Martin NK, Pitcher AB, Vickerman P, Vassall A, Hickman M (2011). Optimal control of hepatitis C antiviral treatment programme delivery for prevention amongst a population of injecting drug users. PLoS ONE 6, e22309.