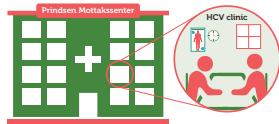


HCV care in a low-threshold setting in Oslo

Kjersti Ulstein, Oslo, Norway

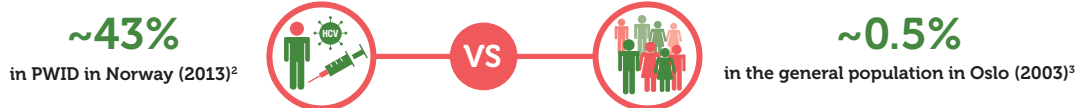
Prindsen Mottakssenter
A low-threshold centre providing short-term accommodation and a range of harm reduction services to PWID, including HCV care



Aim: a city-wide network connecting the Prindsen Mottakssenter low-threshold HCV clinic and partner organisations to provide patient-centred HCV screening and linkage to care for PWID

Why is the model needed?

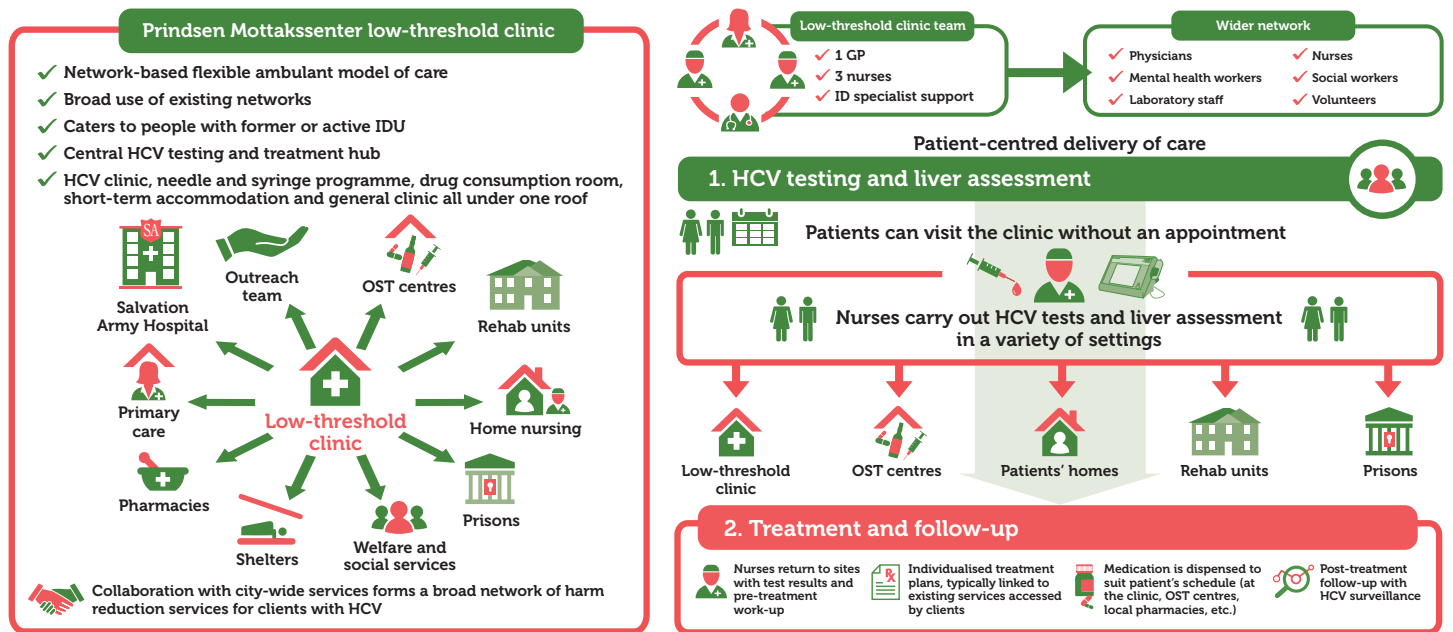
PWID have high rates of **chronic HCV infection** and are often difficult to engage into mainstream healthcare due to chaotic lifestyles and conflicting priorities



In 2013: after identifying difficulties in treating PWID via mainstream healthcare, a primary care-based, low-threshold HCV clinic was established in downtown Oslo. In collaboration with the Akershus University Hospital, it provides HCV care to people with former or active IDU

From 2018: DAAs available **without** restrictions for **all** patients

What is the model and how does it work?^{4,5}

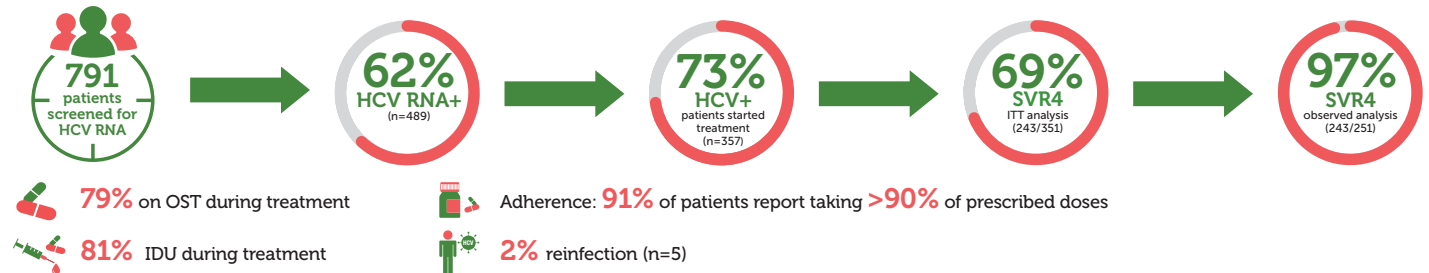


Interventions used to enhance HCV testing, linkage to care and treatment uptake

- Integrated HCV care in low-threshold settings (low-threshold clinic, OST centres, other outreach settings)
- Onsite and community-based nurse-led HCV evaluation, blood draw and disease assessment using transient elastography
- Onsite (low-threshold clinic) and community-based (e.g. OST centres, local pharmacies) treatment for HCV
- Nurse-led peer navigation and case management

Outcomes⁵

HCV cascade of care, October 2020



High HCV treatment uptake and high virological responses, with relatively low reinfection rates, were observed among PWID treated via ambulatory services provided by a low-threshold clinic in the city of Oslo. This model of care could feasibly be disseminated to other urban areas.

1. City population, Oslo, Norway. Available at: https://www.citypopulation.de/en/norway/admin/oslo/0301_oslo/ (accessed October 2020); 2. Meijerink H, et al. BMC Infect Dis 2017;17:541; 3. Dalgard O, et al. Scand J Gastroenterol 2003;38:864-70; 4. Midgard H, et al. J Hepatol 2019;70(suppl):e41 [PS-068]; 5. Ulstein K, personal communication.
GP: general practitioner; ID: infectious diseases; IDU: injecting drug use; ITT: intention-to-treat; OST: opioid substitution therapy; PWID: people who inject drugs; SVR4: sustained virological response 4 weeks after end of treatment.
Acknowledgement: Olav Dalgard.