HCV MICROELIMINATION THROUGH INDIVIDUALIZED INTERVALS FOR DIRECTLY OBSERVED THERAPY - A STREAMLINED APPROACH TO HCV CARE FOR PWID

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UEG Week Vienna 2024 | Poster

Hepatobiliary

October 13, 2024

Individualized directly observed therapy with extended dispensation intervals for hepatitis C treatment in people who inject drugs achieved similarly high sustained virologic response rates as daily supervision during and before the COVID-19 pandemic.

KEY POINTS

- Among 239 Viennese people who inject drugs treated during COVID-19 (March 2020 to May 2023), sustained virologic response rates were 99.4 percent compared to 99.3 percent in 441 individuals treated pre-COVID, despite a shift from predominantly daily supervision (78.9 percent pre-COVID) to less frequent schedules (43.5 percent once weekly during COVID).
- No significant difference in missed visits occurred between periods, and no treatment interruptions or COVID-19-related deaths were observed despite equal or worse socioeconomic conditions during the pandemic including higher rates of harmful alcohol use (29.3 percent vs 10.7 percent).
- The authors conclude that effectiveness of directly observed therapy appears to result primarily from low-barrier access to hepatitis C care rather than strict daily supervision.
- This material is relevant to clinicians and public health practitioners designing hepatitis C elimination programs for people who inject drugs, particularly in resource-constrained or pandemic settings.

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