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ELIMINATE – interim results of an Austrian HCV macro-elimination project

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1 Background & Aims

The WHO has declared the elimination of HCV until 2030 a global public health goal. We present the preliminary results of an Austrian macro-elimination approach aiming to provide linkage to care and treatment initiation for persons who are recalled based on a “last-positive” HCV-RNA PCR result. Importantly, many of these lost-to-follow-up patients do not belong to known HCV risk groups and are, thus, often not recognized by targeted HCV screening/elimination projects.

2 Method

First, we identified patients with a “last-positive” HCV-RNA PCR result between 2010-2020 in laboratories of Eastern Austria (Burgenland, Lower Austria, Vienna) and (i) described their demographic characteristics. Subsequently, (ii) a systematic recall of these patients to the respective HCV treatment centers was performed, and (iii) HCV-DAA was initiated and SVR was monitored. Here we report the interim results of this ELIMINATE project including data/results from eight centers.

3 Funding

This study was supported by GILEAD.



4 Results

Overall, 22682 patients underwent HCV-RNA PCR testing, 11216 (49.4%) showed a positive HCV-RNA result at any given time, and in 6223 (27.4%) patients the last available HCV-RNA result was positive (suggesting persisting HCV-viremia) (Fig. 1).

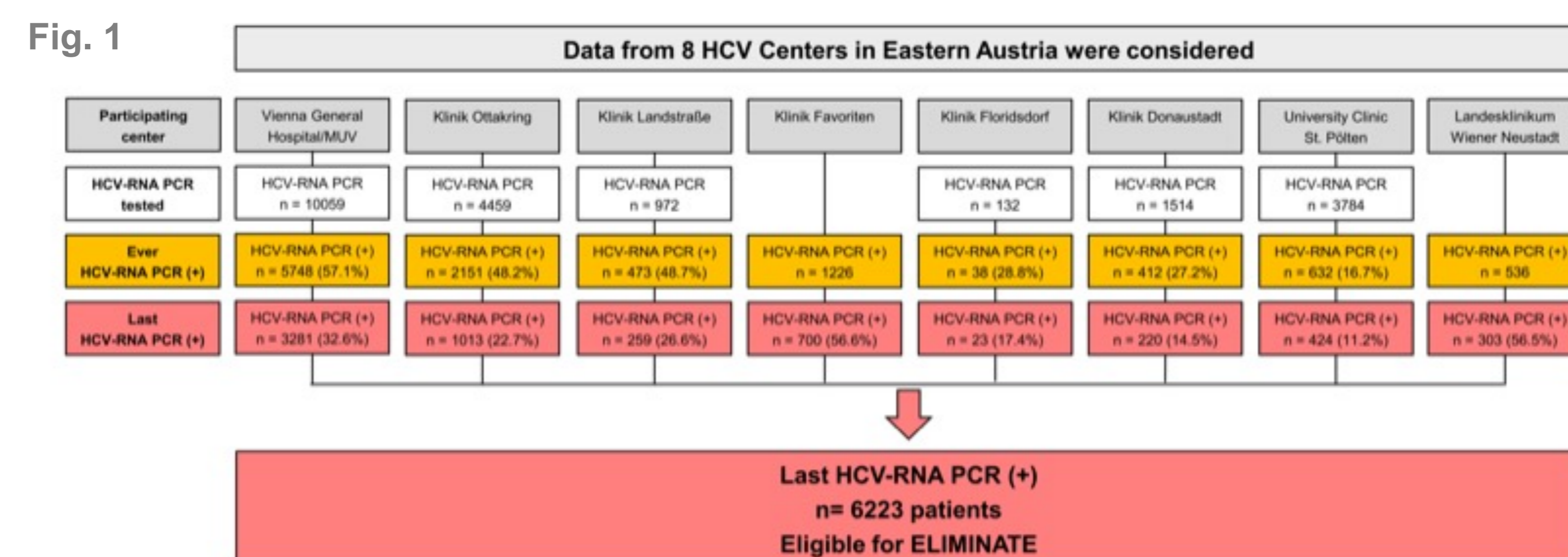


Fig. 1: Flowchart of the screened population. HCV-RNA PCR results by participating center (acquired 2008-2020). For Klinik Favoriten (Vienna) and Landeskrankenhaus Wiener Neustadt (Lower Austria), the total number of HCV-RNA PCR tests performed during the observation period was not available, therefore calculations were based on the number of persons with “Ever HCV-RNA PCR (+)”. Abbreviations: HCV, hepatitis C virus; RNA, ribonucleic acid; PCR, polymerase chain reaction; MUV, Medical University of Vienna.

5 Conclusions

This lab record-based ELIMINATION project identified a considerable number of 6223 HCV patients with potential persisting viremia. Invalid contact data (30.5%) and pre-treatment death (19.0%) represent major problems/barriers. Importantly, at this interim stage 215 (9.5%) patients were successfully linked to care and 56 (2.5%) patients started DAA therapy.

For this interim report, 2252/6223 HCV-RNA PCR(+) patients were evaluated: 215 (9.5%) were linked to HCV-care (Fig. 2A, B). 82 (3.6%) underwent liver disease evaluation and in 56 (2.5%) DAA treatment was initiated. In 38 (1.7%) sustained virologic response was documented.

Main reasons for the suboptimal cascade of care included invalid contact data (687; 30.5%) or patients' unavailability at the time of recall (424; 18.8%) and death (429; 19.0%). Successful DAA therapy at other centers had already been conducted in 497 patients (22.1%).

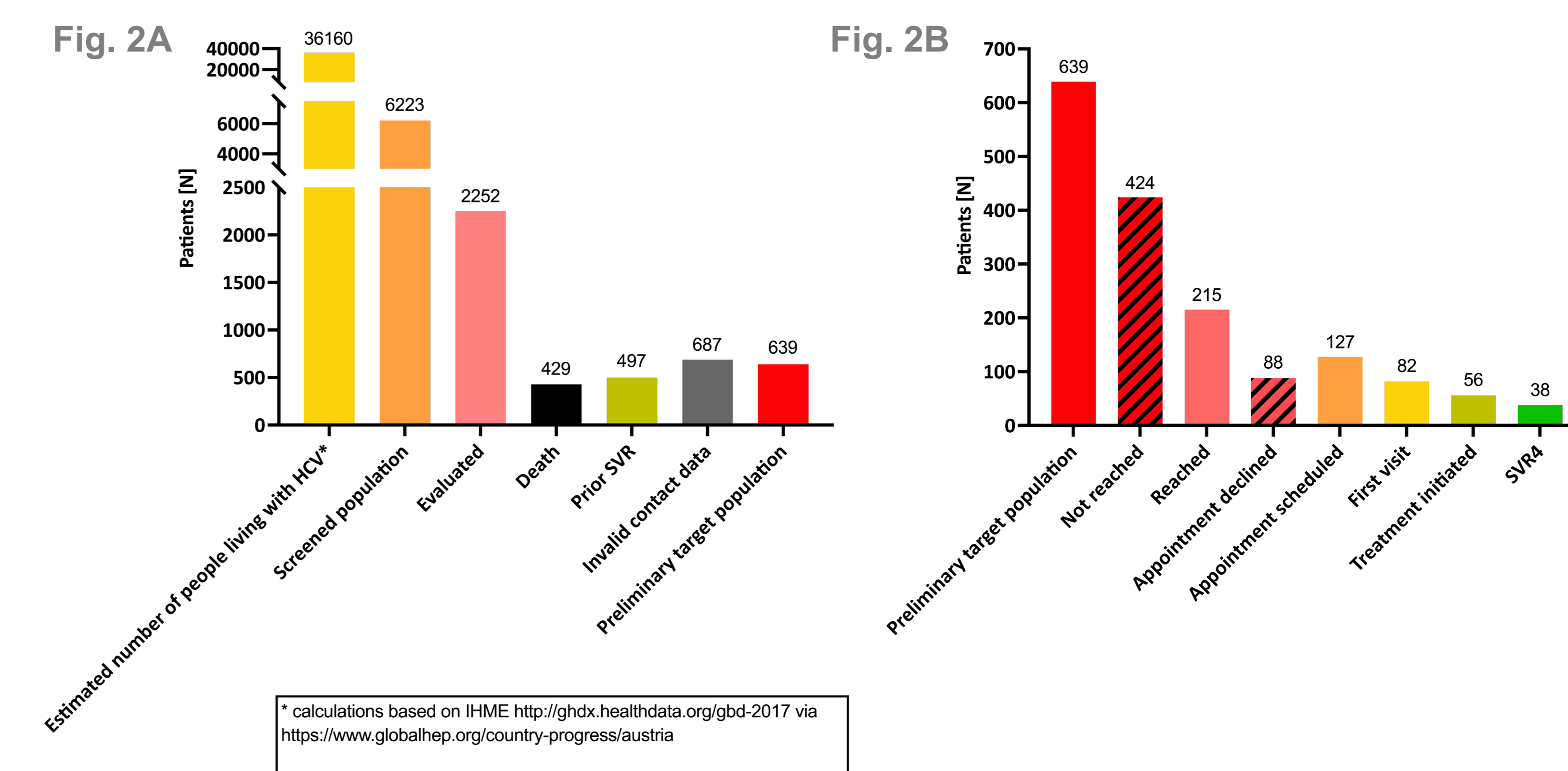


Fig. 2: Preliminary workup of the screened population. Evaluation of the “screened population” and assessment of the “target population” in the context of the estimated number of people living with HCV and the current progress of the ELIMINATE project at the time of preliminary data analysis. - 2A: Determination of the preliminary “target population”. - 2B: Cascade of care based on the preliminary “target population”. Abbreviations: HCV, hepatitis C virus; SVR, sustained virologic response; LTFU, lost to follow-up.

6 Contact information

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