# ANALYSIS OF AN EPIDEMIOLOGICAL MODEL FOR THE TREATMENT OF HEPATITIS C VIRUS (HCV) IN CO-INFECTED HIV/HCV DRUG ADDICTIONS VIA PARENTERAL



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## **Background**

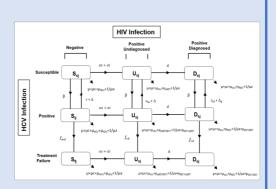
Scale-up of treatment/HCV is occurring, the majority with a history of injecting

### Purpose

We assess the implications for achieving the World Health Organization (WHO)elimination target (80% reduction from 2015-2030) among-infected(HIV+) people who inject drugs (PWID) and all PWID, using dynamic modeling.

#### Material and methods

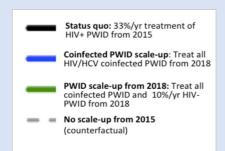
- ➤ A jointHIVPWID was based on published data and the HERACLES cohort (prospective cohort of/HCVin care from 2015 to 2017).
- The stratified byHIV stage,, and PWID status (young PWID [<10 years injecting], old PWID [>10 years injecting], ex PWID).We simulate: %/60% chronicand 20%/40%among PWID injecting for <10 years and >10 years, respectively, 54% chronic+ ever-PWID (PWID + ex-PWID).
- ➤ We assumed among diagnosed-PWID of 10.5%/year from 2004-2014, and 33%/year from 2015 (from HERACLES).
- ➤ We project the impact of current, and scaled-uptreatment(among+ PWID or all PWID) from 2018 onprevalence/incidence among+ PWID and all PWID.

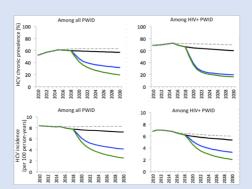


## Results

We project that 28% and 32% of+ PWID and+ ex-PWID, respectively, were/HCVin 2015. Currentcould reduce the number of diagnosedby 75% from 2015-2030. However, this would only reduceincidence by a relative 25% and 16% among+ PWID and all PWID, respectively.

If allwere diagnosed and treated annually from 2018, this could reduce chronicby 74% among+ PWID by 2030, but only halve incidence. Greater impact could be achieved through scaling-uptreatmentall PWID.





#### Conclusion

HCVamong+ PWID will not be achieved by treating alone; efforts should focus on and bothmonoinfected PWID.



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