



*Azienda Ospedaliero di Rilievo Nazionale (A.O.R.N.) "Dei Colli"  
"Monaldi-Cotugno-CTO"-*

### **PROGETTO DI ERADICAZIONE DELLA EPATITE C in CAMPANIA**

Moderatori: *Maria D'Antò (Napoli) – Antonio Izzi (Napoli)*

Interventi Preordinati  
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Discussione  
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**Aula in diretta LIVE STREAMING**  
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**FeDerSerD**  
FEDERAZIONE ITALIANA DEGLI OPERATORI  
DEI DIPARTIMENTI E DEI SERVIZI DELLE DIPENDENZE

**IL futuro dei servizi per le dipendenze**  
**A TRENT'ANNI DAL DPR 309/90**

**WEBINAR FAD SINCRONA**

**mercoledì 4 – giovedì 5 NOVEMBRE 2020**



**A.O.R.N. Monaldi-Cotugno-CTO – Napoli**



**Ospedale "D. Cotugno" – Prima U.O.C. di Malattie Infettive**

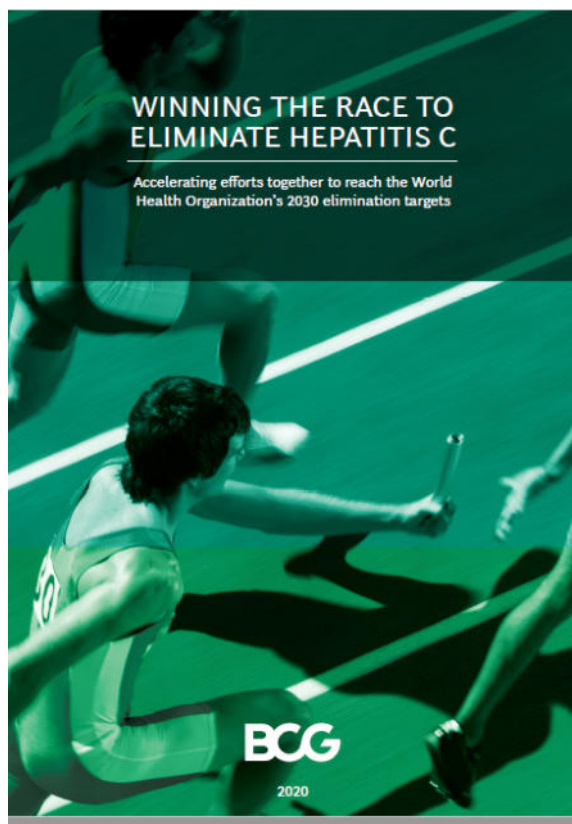


# WINNING THE RACE TO ELIMINATE HEPATITIS C

Accelerating efforts together to reach the World  
Health Organization's 2030 elimination targets

**BCG**

2020



## Italy is a follower country

### *Elimination strategy approach depending on country archetype*



#### 1. Leaders

Focus on less accessible patients

- Simplify patient pathway
- Decentralize care services



#### 2. Followers

Scale up healthcare strategies

- Raise awareness
- Launch screening campaigns



#### 3. Late starters

Improve treatment access

- Eliminate treatment restrictions
- Cover treatment cost

Questi paesi possono raggiungere l'eliminazione entro il 2030 ma devono ancora superare le barriere rilevanti, poiché **rimangono molti pazienti accessibili che non sono stati ancora diagnosticati**. Finora hanno compiuto progressi eliminando le restrizioni al trattamento. Questi cambiamenti sono stati in gran parte guidati dalla pressione dell'opinione pubblica sui governi e da una diminuzione dei prezzi dei farmaci. Inoltre, organizzazioni scientifiche private o organizzazioni di pazienti hanno promosso in modo proattivo lo sviluppo di linee guida per l'eliminazione.

*To achieve elimination, countries should consider the four most relevant populations at risk*

#### PWID



People who currently inject drugs (regularly or sporadically)

Main points of care are prisons, homeless shelters and harm reduction centers

#### MSM



Men who have sex with men

More common among men with HIV co-infection or on PrEP

Generally associated with risky sexual behaviors (e.g. chemsex)

#### Migrants



Foreign adults born in high-prevalence regions

Includes both documented and undocumented migrants

#### Selected birth cohorts



People of similar ages with a higher risk of having been exposed to HCV in the past

Baby boomers are generally the most common cohort







PWID

Incidence

High

Access to  
new patients

High

Authorities'  
focus

High

Awareness

High

Cascade  
challenge

Linkage  
to care

Best practice  
countries



MSM

Incidence

High

Access to  
new patients

Medium

Authorities'  
focus

Low

Awareness

Medium

Cascade  
challenge

Awareness &  
Prevention

Best practice  
countries



Migrants

Incidence

Medium

Access to  
new patients

Medium

Authorities'  
focus

Low

Awareness

Low

Cascade  
challenge

Healthcare  
access

Best practice  
countries



Selected  
birth  
cohorts

Incidence

Low

Access to  
new patients

Low

Authorities'  
focus

Medium

Awareness

Low













Cascade  
challenge

Diagnosis

Best practice  
countries



MoC	PWID		MSM		Migrants		Birth cohorts vs. Other groups	
Hospitals							✓	✓
Primary care							✓	✓
Community health centers	✓		✓	✓	✓		✓	
Pharmacies	✓							
Harm reduction centers	✓	✓						
Prisons		✓	✓					
Homeless shelters	✓							
Sexual health clinics				✓				
Internment centers					✓			
Other	✓		✓		✓	✓	✓	

 Kombi Clinic
 Caserta model
 Care in prisons
 Latino MSM
 Home-based
 Integrated screening
 Integrated care for
 Arrival care services
 Foreign-born
 C-Free-South
 Tour de France
 Focus Galicia

## CASERTA MODEL OF INTEGRATED HCV CARE

Authors: Vincenzo Messina, Filomena Simeone, Angela Salzillo and Nicola Coppola

POPULATION AT RISK



PWID

LOCATION



Caserta, Italy

## ARRIVAL CARE SERVICES FOR REFUGEES

Authors: T. Prestileo, V. di Marco, O. Dino, A. Sanfilippo, F. di Lorenzo, M. Tutone, M. Milesi, C. Picchio, A. Craxi, J.V. Lazarus

POPULATION AT RISK



Migrants

LOCATION



Sicily, Italy

# Factors enhancing treatment of HCV infected Italian people who use drugs: the CLEO-GRECAS real-world experience

--Manuscript Draft--

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Your manuscript has undergone review by reviewers with expertise in this subject. We are interested in considering a revised version of your manuscript that addresses the minor concerns of the reviewers.

"we would like to have you include some more information about the qualifications of a Ser-D center. What would be required in a non-Italian environment to replicate the success of these centers ?"

## Objective

We assessed the performance of direct-acting antivirals (DAAs) in hepatitis C virus (HCV)-infected people who use drugs (PWUD) in terms of sustained virological response (SVR) and adherence rates, in comparison to a location-matched cohort of non-PWUD HCV patients.

## Methods

All consecutive HCV RNA-positive PWUDs were enrolled between 2015 and 2019. All subjects underwent DAA treatment according to international guidelines and then followed, at least, up to 12 weeks after the end of treatment (SVR12). The SVR and the adherence to treatment was compared to that of non-PWUD HCV patients observed at hepatological units of the CLEO platform. Intention-to-treat analysis was performed.

## Results

1786 PWUDs who were followed-up were available for assessment. The majority of PWUD (85.4%) were managed inside the specialized outpatient addiction clinics (SerDs). The overall SVR rate was 95.4%. The SerDs group achieved an SVR rate of 96.2% compared to 91.6% of the non-SerDs group ( $p < 0.001$ ). Comparison with non-SerDs group and the control HCV group showed a significant difference in the drop-out rate (0.6% in SerDs group versus 2.8% in non-SerDs group and 1.2% in control group;  $p < 0.001$ ). At multivariate analysis, factors independently associated with SVR were use of the most recent regimens (elbasvir/grazoprevir, glecaprevir/pibrentasvir, sofosbuvir/velpatasvir; OR: 3.126;  $p = 0.000$ ) and belonging to the SerDs group (OR: 2.356;  $p = 0.002$ ).

## Conclusions

The performance of DAAs is comparable to that obtained in the normal population, if two conditions are met: a) that the latest generation drugs are used and that the patients are managed within the SerDs.