HCV care in a low-threshold setting in Oslo
Kjersti Ulstein and Olav Dalgard, City of Oslo, Norway

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 (LTC) 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 lifestyle and conflicting priorities.

In 2013: after identifying difficulties in treating PWID via mainstream healthcare and discussion with Oslo City authorities, a primary care-based, low-threshold HCV clinic was established in downtown Oslo to provide HCV care for PWID.

From 2018: DAs available without restrictions for all patients.

What is the model and how does it work?

Prindsen Mottakssenter low-threshold clinic
- Network-based flexible ambulant model of care
- Broad use of existing networks
- Cater for PWID, homeless people and migrants
- Central HCV testing and treatment hub
- HCV clinic, needle and syringe programme, drug consumption room, short-term accommodation and general clinic all under one roof

Interventions used to enhance HCV testing, LTC 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

Outcomes: HCV cascade of care, March 2019

- 617 patients screened for HCV RNA
- 65% HCV RNA+ (n=410)
- 65% HCV+ patients starting treatment (n=340)
- 77% SVR4 (ITT analysis) (n=129)
- 98% SVR4 Observed analysis (n=85)

*Untreated (n=142), retained in care (n=68), lost to follow-up (n=67), deceased (n=7); **Virological failure (n=2), discontinued (n=5), lost to follow-up (n=23)

79% on OST during treatment
81% IDU during treatment
3% reinfection (n=4)

Adherence: 91% of patients report taking >90% of prescribed doses

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.


IDU: injecting drug use; OST: opioid substitution therapy.