

O1037 Trends of late presentation to care in patients with HCV during a 10-year period in Croatia

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Background: Chronic hepatitis C continues to be a major public health problem and leading cause of liver cirrhosis and hepatocellular carcinoma. WHO has set a goal to reduce new viral hepatitis infections by 90% and deaths due to viral hepatitis by 65% until 2030, which is now achievable by using highly effective direct-acting antivirals. However, linkage to care is the main obstacle to receiving treatment and follow-up for liver disease. Consequently, a significant proportion of chronically-infected patients enter care only after developing significant fibrosis/cirrhosis. The aim of this study was to investigate the prevalence and trends of late presenters (LP) at first consultations in our clinical center during a 10-year period.

Materials/methods: A retrospective cohort study included all adult patients at entrance to care at the University Hospital for Infectious Diseases, Zagreb between January 2009 and May 2018. Late presenters for care were defined as a reliable LSM ≥ 9.5 kPa, APRI > 1.5 , FIB-4 > 3.25 or biopsy METAVIR F3.

Results: A total of 805 patients were included in the study (n=502, 62.3% male, median age 41 years (IQR 34-53), mainly PWID (293, 40.4%). Median age of patients at entrance to care increased from 37 years (IQR 30-52) in 2009 to 52 years (IQR 44-54) in 2018. Changes in the HCV genotype distribution were also observed: replacement of subtype 1b with 1a in 2009 vs 2017 (1b 32% to 24%; 1a 21% to 37%) and increase in subtype 3a/b from 34% to 43%. A total of 293 patients (36.4%) were late presenters and they were older (47.6, IQR 40.5-67.6), and more frequently infected with HCV 1b (100, 34.2%) and g3 (124, 42.4%). The prevalence of LP significantly increased from 31.9% in 2009 to 45.7% in 2017 and 61.9% in early 2018. Overall, 589 patients received treatment (73.2%), 44 (5.2%) were neglected to treatment, 51 (6.3%) are waiting for treatment and 121 were lost to follow up (15.3%).

Conclusions: Late presentation of CHC is increasing in Croatia and is associated with increasing age suggesting an important gap of CHC diagnosing strategies in patients over 50 years.

