

Supplementary document

Treatment and primary prevention in People Who Inject Drugs for Chronic Hepatitis C: Is elimination possible in a high prevalence setting?

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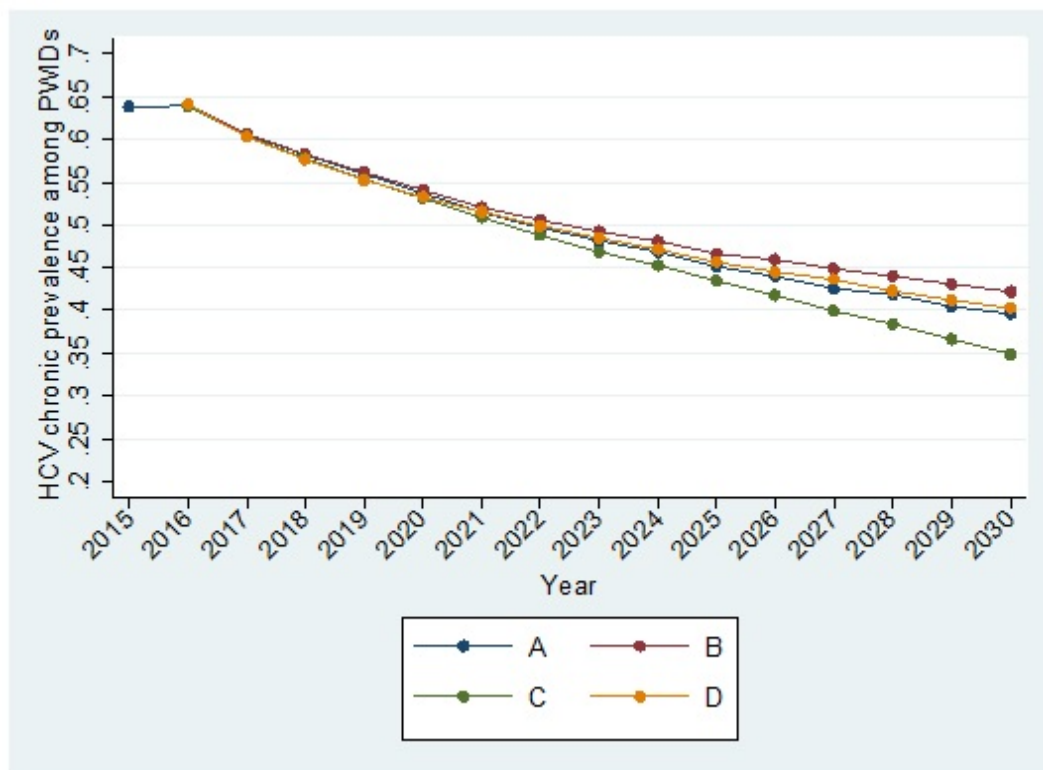
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Figure S1: Differences in model's predictions according to the modeling of harm reduction (HR) programmes in CHC prevalence (1a) or HCV incidence (1b) among PWID by 2030 under the scenario of 332 annual antiviral treatments.

1a. Chronic HCV Prevalence among PWID



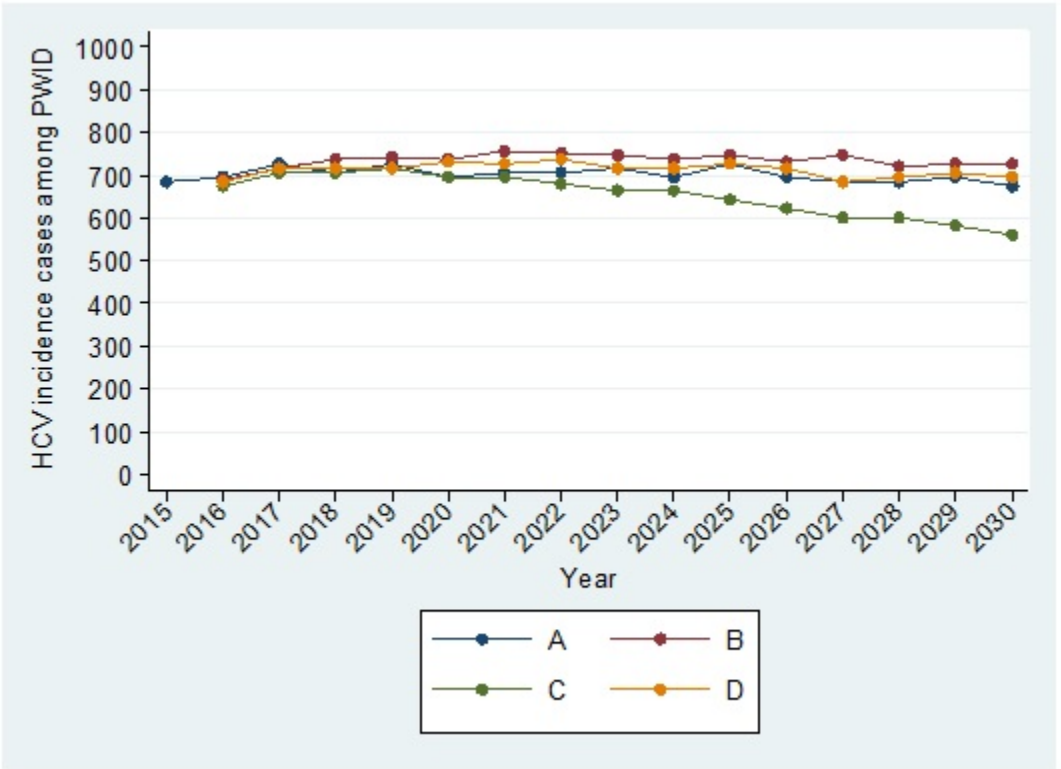
A: One year duration of HR and 2% annual increase in the HR coverage

B: One year duration of HR without increase in the HR coverage

C: Always on HR and 2% annual increase in the HR coverage

D: Always on HR without increase in the HR coverage

1b. New infections among PWID



- A: One year duration of HR and 2% annual increase in the HR coverage
- B: One year duration of HR without increase in the HR coverage
- C: Always on HR and 2% annual increase in the HR coverage
- D: Always on HR without increase in the HR coverage

Table S1: Sensitivity Analysis table.

Parameters	Value used in the primary analysis	Values examined in the sensitivity analysis
Duration of injecting carrier among PWID in Athens	12 years	6 or 18 years
Duration of harm reduction	Indefinitely if enter in Harm reduction program	12 months
Relative risk for HCV infection for high risk PWID (π)	2.3	5
Relative risk for HCV infection while in a harm reduction programme (Z)	0.41	0.2 or 0.8
Duration in the high risk group ($12/\kappa$)	12 months	10 years
IFN-free DAAs SVR	90% until 2017 95% until 2030	80 or 100%
Allocation of treatments among those engaging in harm reduction programmes vs. those who do not	66%/33%	(50/50%) or (80%/20%)
Change of risk behavior after successful treatment	No change	50% lower or 50% higher