

Project ITTREAT (Integrated community based Test – stage - TRREAT) HCV service for People who Inject Drugs (PWID)

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Background: Majority of HCV positive individuals in England are people who inject drugs (PWID), having poor engagement with health services. Our on-going study assesses feasibility of non-invasive detection-staging-treatment of HCV related chronic liver disease in the community.

Methods: Four-year prospective study (Dec 2013 -Dec 2017) conducted at a substance misuse service in SE England. Individuals offered dry blood spot testing (DBST), transient elastography (TE), HCV treatment, qualitative interviews, patient reported outcomes (SF-12v2, SFLDQOL) and health economics (EQ-5D-5L) Interim clinical data are presented.

Results: Till date, 391 individuals recruited, 81% males, and mean age 40.0 ± 9.8 yrs, high prevalence of injecting drug (IDU) [274 (70%)] and alcohol use [336 (86%)] and psychiatric illness [174 (45%)]. Uptake of DBST was 96% (n=377). Percentage HCV antibody and PCR positive were 53% (n=200) and 82% (163/200) respectively; genotype 1=71 (44%) and 3= 79 (48%). One hundred and thirty two out of 163 (81%) with a positive HCV PCR underwent TE [mean liver stiffness measurement (LSM) 9.9 ± 10.3], 59 (36%) having LSM ≥ 7.5 kPa. Of those suitable for HCV therapy (115/163), 50 commenced treatment. Characteristics of treated cohort: age 45 ± 10.2 yrs, 92% male, > 80% having IDU/alcohol use, 86% undergoing TE, genotypes (1 = 41%, 3= 55%); treatment received: pegylated interferon (INF)/ribavirin 32%, INF+direct acting antivirals (DAA)=38% and DAA 30%. Treatment outcomes were: 35 (70%) SVR/EOTR, nine (18%) on-going treatment, six (12%) NR.

Conclusions: Prevalence of HCV serological markers/significant hepatic fibrosis remains high in PWID. Compliance in this difficult to engage cohort was > 95% with HCV treatment outcomes comparable to secondary care. Our on-going study endorses the success of this novel, easy to replicate “one-stop” community based HCV service.

Disclosure of interest:

This project is supported by an educational grant from Brighton and Hove Commissioners and Gilead Sciences