OPPORTUNITIES AND CHALLENGES EXPERIENCED WHEN TREATING HCV in PEOPLE WHO INJECT DRUGS (PWID) THOUGH A NURSE -LED OUTREACH MODEL.

Allardice K¹, <u>Von Bibra S¹</u>, Doyle JS^{1,2}, Dietze P M^{1,5}, Desmond P^{3,4}, Stoove M^{1,5}, McBryde E^{1,3,7}, Higgs P^{1,5,6}, Thompson AJ^{3,4}, Hellard ME^{1,2,5*}

¹Disease Elimination Program, Burnet Institute; ²Department of Infectious Diseases, The Alfred and Monash University; ³Department of Medicine, University of Melbourne; ⁴Department of Gastroenterology, St Vincent's Health; ⁵School of Population Health and Preventive Medicine, Monash University. ⁶Department of Public Health, La Trobe University; ⁷Australian Institute of Tropical Health and Medicine, James Cook University

Background

The Hepatitis C Treatment and Prevention (TAP) Study evaluates the effectiveness of a Nurseled, outreach model to improve hepatitis C treatment uptake by current People Who Inject Drugs (PWID) and their injecting networks.

Method:

PWID are recruited by specialist nurses from a study van in various locations in Melbourne. Primary participants invite their injecting networks to become secondary participants. Referrals come through the SuperMIX cohort, or as self-referrals. Participants are randomly allocated to immediate or deferred treatment with sofosbuvir/velpatasvir. The nurses perform pre-treatment assessments (including elastography) and offer treatment to eligible participants. Follow-up is for 18 months to monitor treatment outcomes, re-infection or resistance to therapy. Social and behavioural data are collected at each visit.

Results:

316 PWID have been screened, comprising 163 Primary and 153 Secondary participants. 112 have started and 72 have completed treatment. Some treated participants report an increased sense of well-being and changes in their injecting practices to "stay clean". Many have stated that they value the chance to get treatment through the study, as they normally don't engage with other health care services. Referral to tertiary health services has been facilitated for those needing treatment outside the study criteria with some degree of success. Eighty-eight participants are screening failures. Mental health issues, homelessness and incarceration impact negatively on being able to attend study visits. Mobile phone numbers change frequently. Finding suitable locations for the van has proven problematic and is dependent on the goodwill of Local Councils and businesses.

Conclusion:

While homelessness and mental health issues may be obstacles to accessing HCV treatment, we have shown that a nurse-led outreach model provides the opportunity for treatment for many PWID. Its' success relies heavily on existing relationships and continued rapport building with PWID and also on support from local authorities and businesses.

Disclosure of interest statement:

The TAP Study is an Investigator-initiated study supported by a research grant form Gilead Sciences

^{*}Contributed equally