FIND

HEAD-Start
Hepatitis C Elimination through Access to Diagnostics

COMPARISON OF FULLY DECENTRALIZED AND PARTIALLY DECENTRALIZED MODELS OF HEPATITIS C VIRUS TESTING AND TREATMENT FOR PEOPLE WHO INJECT DRUGS IN MANIPUR, INDIA – THE HEAD-START PROJECT

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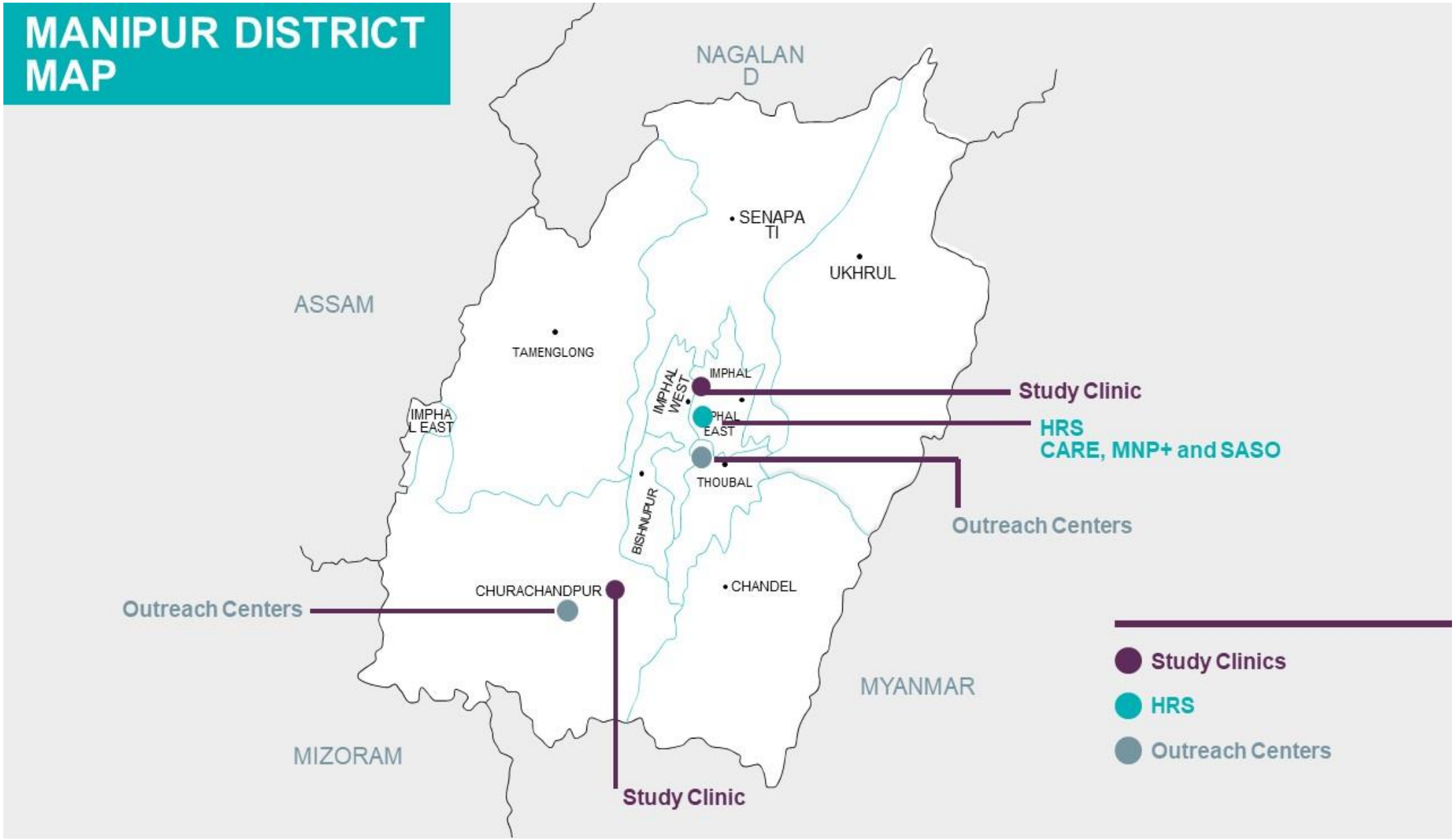
ACKNOWLEDGMENTS

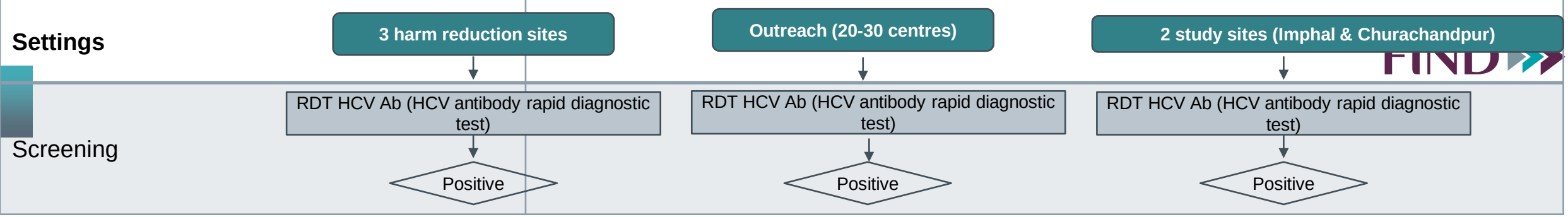
We would like to acknowledge and thank all study participants including the people who inject drugs (PWID) who have generously participated in this research.

DISCLOSURE OF INTEREST

This study is fully funded by Unitaid.

MANIPUR DISTRICT MAP

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Outreach (20-30 centres)
2 study sites (Imphal & Churachandpur)
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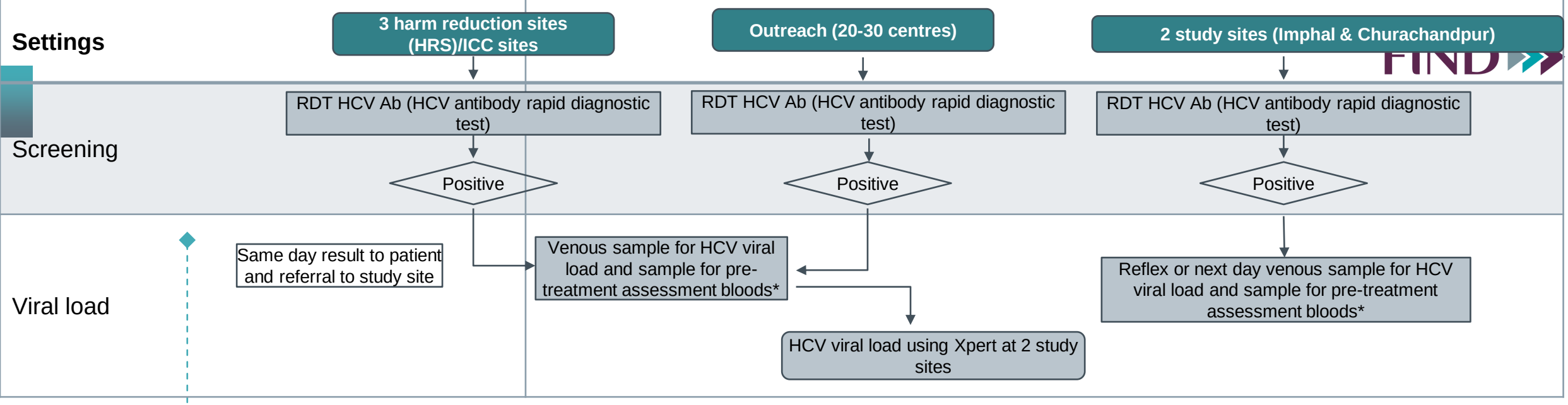
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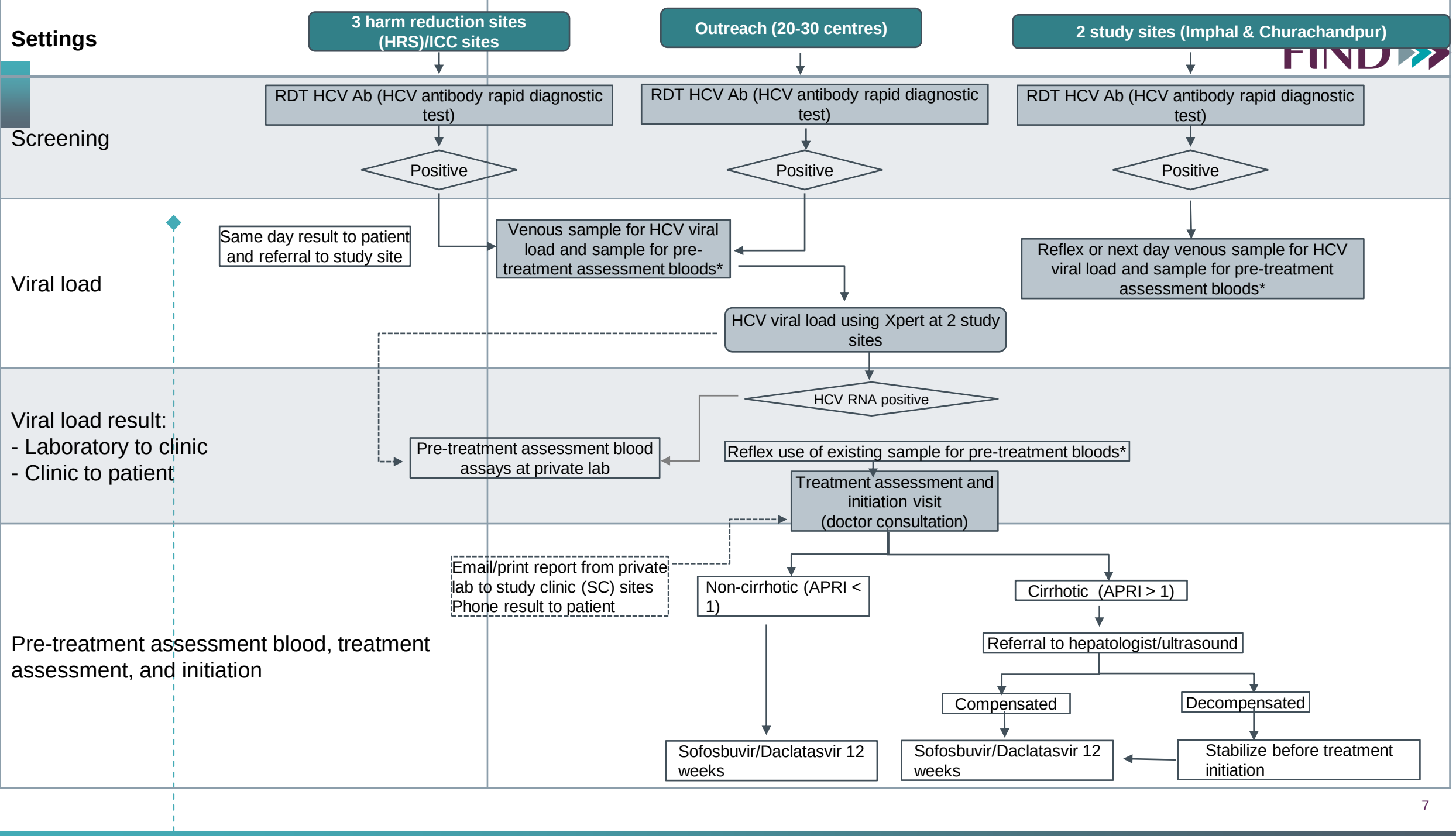
Viral load
Same day result to patient and referral to study site
Venous sample for HCV viral load and sample for pre-treatment assessment bloods*
HCV viral load using Xpert at 2 study sites
Reflex or next day venous sample for HCV viral load and sample for pre-treatment assessment bloods*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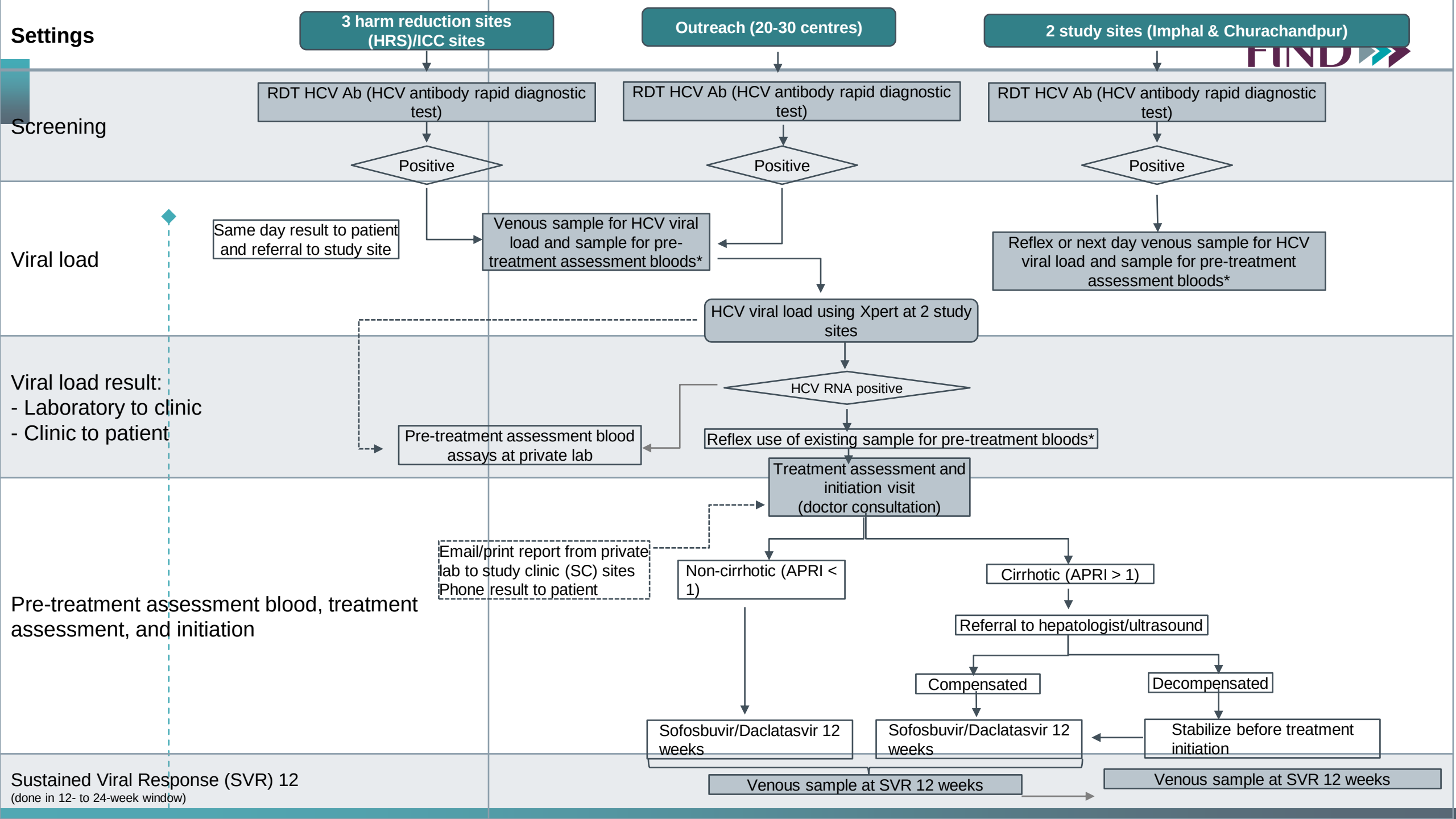
Viral load result:
- Laboratory to clinic
- Clinic to patient
HCV RNA positive
Pre-treatment assessment blood assays at private lab
Reflex use of existing sample for pre-treatment bloods*
Treatment assessment and initiation visit (doctor consultation)
Email/print report from private lab to study clinic (SC) sites
Phone result to patient
Non-cirrhotic (APRI < 1)
Cirrhotic (APRI > 1)
Pre-treatment assessment blood, treatment assessment, and initiation
Referral to hepatologist/ultrasound
Compensated
Decompensated
Sofosbuvir/Daclatasvir 12 weeks
Sofosbuvir/Daclatasvir 12 weeks
Stabilize before treatment initiation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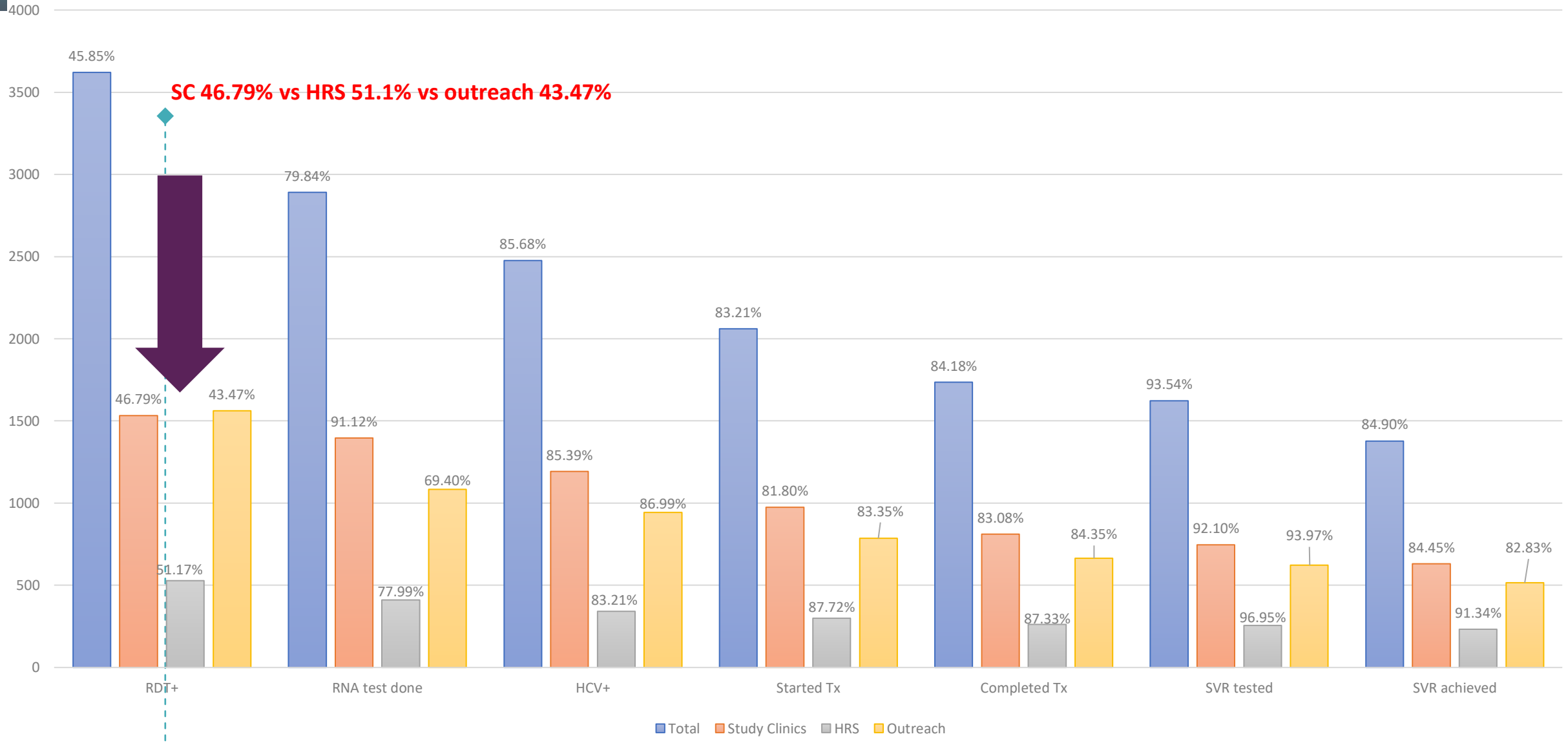
Stabilize before treatment initiation
Sustained Viral Response (SVR) 12
(done in 12- to 24-week window)
Venous sample at SVR 12 weeks
Venous sample at SVR 12 weeks

PATIENT CHARACTERISTICS

	Arm 1 (SCs)		Arm 2 (HRSs)		Arm 3 (outreach)	
Median age (IQR)	33	14	39	17	27	12
Sex, n %						
Male	1,324	94.5%	397	96.3%	1,057	97.7%
Female	75	5.3%	15	3.6%	24	2.2%
Transgender	1	0.07%	0	0.0%	0	0.0%
Risk behaviour, n %						
Ever injected drugs	1,114	92.4%	396	97.1%	1,191	94.6%
Currently injecting drugs (within the last month)	837	64.0%	312	73.9%	804	46.7%
Currently receiving OST (Opioid substitution therapy)	287	20.5%	190	46.1%	258	23.8%
HIV-positive	128	9.14%	123	29.8%	74	6.8%

CARE CASCADE



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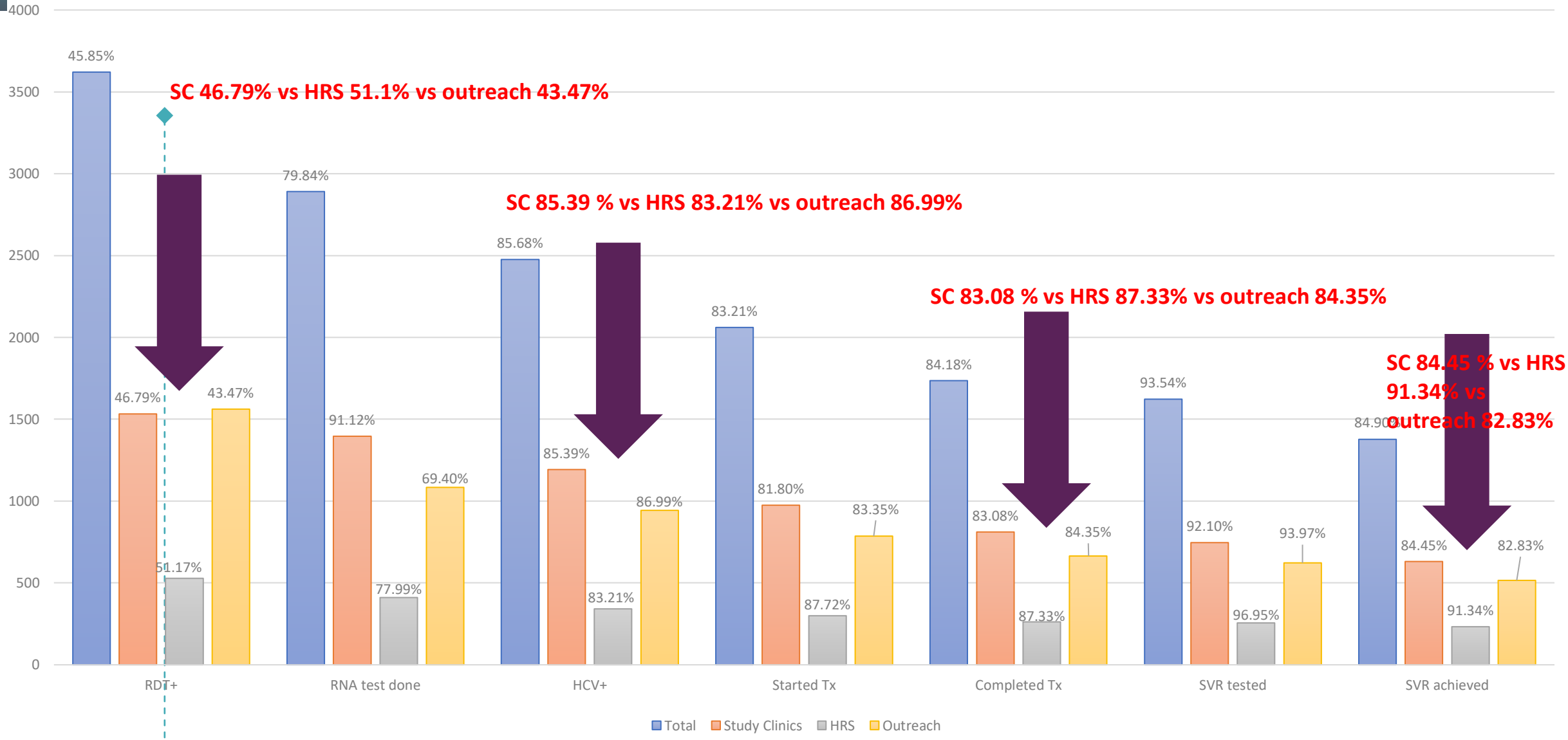

TURNAROUND TIME

Site	RDT sample collection – RNA test performed			RNA test performed – treatment initiated			Total: RDT sample collection – treatment initiated		
	Median	IQR	n	Median	IQR	n	Median	IQR	n
Total	1	0–5	2,891	11	5–24	2,061	16	8–37	2,061
Per arm									
1 SCs	0	0–1	1,396	13	6–27	975	14	7–30	975
2 HRSs	0	0–3	411	13.5	6–30	300	17	8–49.25	300
3 outreach	5	1–15	1,084	10	5–19	786	18.5	10–40	786

CONCLUSION

Demonstrated high confirmatory testing at SCs compared with those screened offsite at HRSs or during outreach.

A fully decentralized model of hepatitis C virus (HCV) care for people who inject drugs (PWID) with screening, confirmation, and treatment at one site resulted in better retention compared to a partially decentralized model.

It is expected that the outcomes of this study will inform scale up of HCV care, both within Manipur and in the wider region.

ACKNOWLEDGEMENTS

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Thank you for your kind attention

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