MOBILE TELE-TREATMENT OF CHRONIC HEPATITIS C VIRUS (HCV) INFECTION IN RURAL NORTHERN NEW ENGLAND (USA): EARLY FINDINGS FROM A RANDOMIZED TRIAL

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Background:
Syringe sharing and hepatitis C virus (HCV) infections are highly prevalent among persons with a history of drug injection in rural counties along the Connecticut River Valley in New Hampshire (NH) and Vermont (VT), states located in Northern New England, USA. Meanwhile access to syringe services, phlebotomy, HCV testing and treatment are limited in this rural region.

Methods:
In rural NH and VT, we randomized persons with a history of drug injection (past or current) and chronic HCV infection to mobile telemedicine care for HCV (MTC) versus enhanced usual care (EUC) referral to a local or regional provider with care navigation, both integrated with van-based syringe services programming. We hypothesized that MTC would be associated with higher rates of direct-acting antiviral (DAA) treatment initiation and sustained virologic response 12-weeks post treatment (SVR12) compared with EUC.

Results:
Randomized participants (n=150) had a mean age of 38 years, 71% were male, and 67% reported current drug injection. Participants in both study arms were balanced on baseline characteristics. Of the 73 randomized to the MTC group, 52 (71%) initiated DAA treatment, versus 16 of 77 (21%) assigned to EUC (Chi-Sq 48.7, P<.0001). Of the 78 who have completed week-12 follow-up testing as of 2/29/2024 (follow-up is ongoing), 24 of 41 (59%) assigned to MTC achieved SVR12, versus 8 of 37 (22%) assigned to EUC (Chi-Sq 10.95, P<.001).

Conclusion:
Preliminary findings suggest that telemedicine HCV treatment integrated with harm reduction services on a mobile van holds promise for improving access to effective HCV treatment for persons with a history of drug injection in rural areas of the USA where medical and prevention services are scarce.

Disclosure of Interest Statement:
Dr. de Gijsel is Chief Health Officer for Better Life Partners, Inc., the health care company serving people with addiction that operated the mobile van, and holds greater than $5000 in equity. A conflict-of-interest (COI) mitigation plan approved by the Baystate IRB governed his participation in the study. No other author has a COI.