Hepatitis C **S**ingle Attendance **T**est **A**ssess and **T**reat ("**Hep STAT**") minimizes care cascade attrition and achieves high rates of treatment initiation, completion and cure in people who inject drugs

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Disclosures

- Cepheid® GeneXpert® and Xpert® HCV VL Fingerstick assays were provided by Cepheid UK Ltd.
- Peer Support Lead salary provided by AbbVie Inc.
- No other pharmaceutical grants were received in the development of this study.

Objectives

- To design and pilot the simplest and shortest possible pathway from hepatitis C testing to diagnosis, assessment and treatment initiation
- To minimize number of investigations and attendances and reduce care cascade attrition
- To engage individuals at high risk of hepatitis C with pre-existing potential barriers limiting access to traditional models of care

“Hep STAT”

- **Hep**atitis C **S**ingle Attendance **T**est, **A**ssess and **T**reat

Resources:

- NHSE pan-genotypic access (Epclusa®)
- Portable FibroScan™
- Cepheid® GeneXpert® II

- Cepheid® Xpert® HCV Viral Load cartridges
- Cepheid® Xpert® HIV Viral Load cartridges
- Hep C Trust Peer Support Lead (AbbVie Inc.)
- Peer volunteers

Target population:

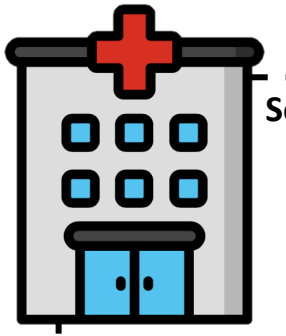
- Adults aged ≥ 18 years old
- History of current or recent past injecting drug use and/or sex work
- No known current or past hepatitis C infection diagnosis or treatment

NHSE = National Health Service England

AUSS = abdominal ultrasound scan

PWID = person who injects drugs

"Hep STAT" Patient Pathway



South Block Outpatient Department, Doncaster Royal Infirmary

Clinical Nurse Specialist

Peer

PWID and/or Sex Worker

Also offered HIV RNA testing

1 HOUR

HCV RNA DETECTED

F3-4

Informed; FU appt: bloods & AUSS

F0-2

Informed, counselled, issued with pan-genotypic

HCV RNA not detected

Informed, counselled & discharged

Single afternoon drop-in clinic per week

At risk patients identified by Clinical Nurse Specialists and Peers from Homeless Hostels, Drug Services & other community services for PWIDs in Doncaster and Bassetlaw (Worksop) areas

“Hep STAT” Results

- **27 high-risk individuals identified and attended with peer-support** over 16-week period (12 clinics held March to end July 2019; average 2.3 patients per half-day clinic)
  - **25/27 (92.6%) current IDU** of whom **3/25 (12.0%) with sex work history**; 1/27 (3.7%) past IDU
  - All consented to HCV and HIV testing
- HIV RNA detected: 0/25 (test failed in 2 individuals)
- **HCV RNA detected: 9/27 (33.3%)**
  - Median TE ≤9.5kPa (METAVIR F0-2) = **6/9 (66.7%)**
  - Median TE >9.5kPa (METAVIR F3-4) = **3/9 (33.3%)** (median TE range 15.6 – 26.6 kPa)
- **Median time arrival to departure: 113 minutes (range 75 to 195)***
  - For HCV RNA detected: shortest time from arrival to departure = 90 minutes

*Excluding 2 patients unwilling to wait for HCV RNA result (both HCV RNA not detected)

IDU =injecting drug use

Outcomes for patients with detectable HCV RNA

Patient	METAVIR	Attended follow up	1st 4 weeks issued	2nd 4 weeks issued	3rd 4 weeks issued	Reached PTW12	Attended PTW12 bloods	SVR12 achieved
1	F0-2	Not applicable	✓	✓	✗	✓	✓	✓
2	F0-2		✓	✓	✓	✓	✓	✓
3	F0-2		✓	✓	✓	✓	✓	✓
4	F0-2		✓	✓	✓	✓	✓	✓
5	F0-2		✓	✓	✓	✓	✓	✓
6	F0-2		✓	✓	✓	✓	✗	?
7	F4	✓*	✓	✓	✓	✓	✓	✓
8	F4	✓*	✓	✓	✓	✓	✓	✓
9	F4	✓*	✓	✓‡	✓‡	✓	✓	✓

*All Child Pugh A(5); 1/3 attended for AUSS (no focal lesions); 2 x G3a, 1 x unable to genotype; all commenced Epclusa

‡Treatment re-initiated after interruption after week 4

PTW12 = post-treatment week 12

Conclusions & Future Application

- “Hep STAT” minimizes care cascade attrition and achieves high rates of hepatitis C treatment initiation, completion and cure in a high prevalence setting
- Embedding into drug services or prison reception screening may improve hepatitis C micro-elimination potential
- Roll out dependent on availability of: peer support, dedicated health professional time, Cepheid® GeneXpert®, portable FibroScan® and on-site stock of pan-genotypic treatment
- Upscale requires sustained investment and careful consideration of most appropriate highest yield locations and settings

Acknowledgements

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- Imran Shaukat and Barry McClean (Peer Support Leads) and peer volunteers
- Community participants

NHSE = National Health Service England