



## Hepatitis C virus (HCV) testing, liver disease assessment and direct-acting antiviral (DAA) treatment uptake and outcomes in a service for the homeless in Sydney: The LiveRLife study

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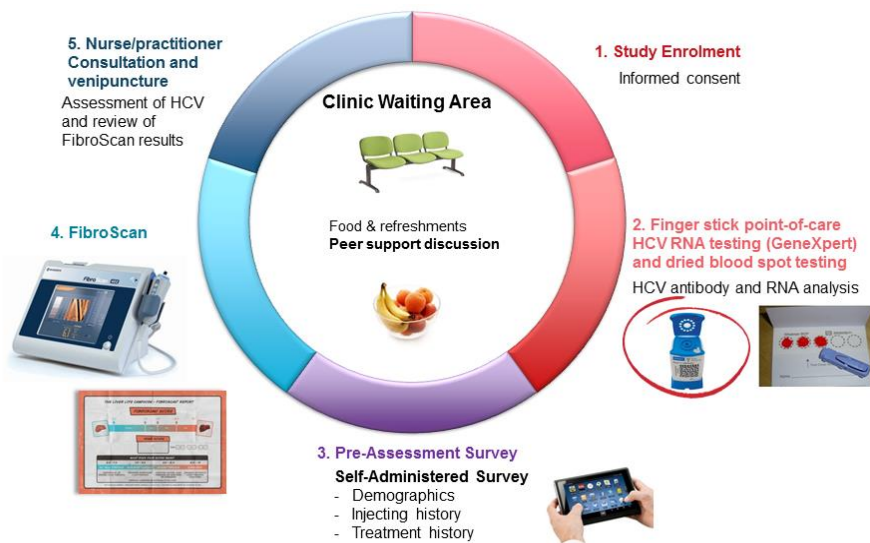
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### Background/Aims & methods

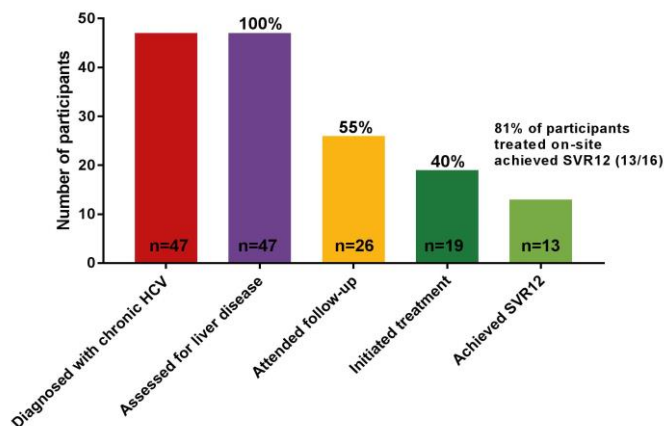
- People who are homeless are vulnerable to illicit drug use and HCV, and have poor access to primary healthcare services.
- Innovative, integrated models of care are needed to reach highly marginalised populations such as those who are homeless.
- Aim: To determine the prevalence of HCV infection, liver fibrosis burden, and DAA treatment uptake and outcomes among people who are homeless in Sydney.
- Study design/population: Observational cohort study with recruitment at service a for homeless people (≥18 years, written consent) over 8 liver health campaign days in Feb & Dec 2016.
- Study endpoints: Detectable HCV RNA prevalence, advanced liver disease, clinical follow-up, treatment uptake, SVR12
- Statistical analysis: Proportions calculated by cross-tabulation using STATA v14.0

# LiveRLife Study



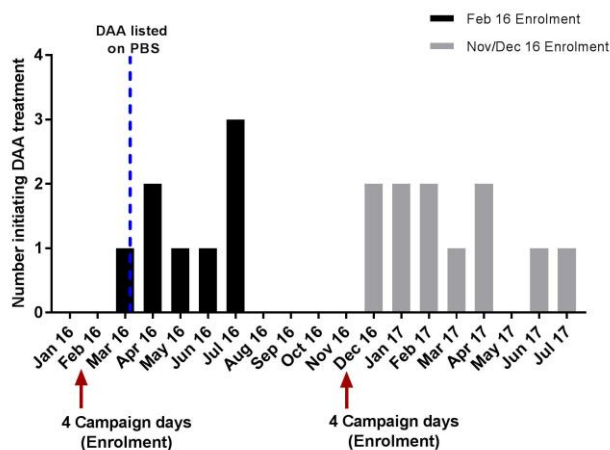
# Results

HCV cascade of care among participants enrolled in the LiveRLife homelessness study



## Results

Treatment uptake among participants with chronic HCV



## Conclusions/Implications

- Despite active screening and a committed clinical service with a GP DAA prescriber, linkage to care and treatment uptake were moderate.
- A very highly marginalised population requiring innovative strategies to enhance linkage to care and treatment uptake.
- Repeat HCV and liver disease screenings may provide opportunities to enhance linkage to care and treatment uptake.