RE-ENGAGING RURAL RESIDENTS IN HCV TREATMENT AFTER SUBOPTIMAL OUTCOMES: ONE AND DONE IS NOT THE ANSWER

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Background:
Engaging people at high risk for transmitting hepatitis C virus (HCV) in curative treatment is vital for reaching elimination goals. In the United States, many state Medicaid policies pay for only one round of direct acting antiviral (DAA) treatment for HCV infected individuals. For patients lost-to-follow-up (LTFU), reinfected, or for whom prior therapy failed, there are few options for additional treatment.

Description of model of care/intervention/program:
The Kentucky Viral Hepatitis Treatment (KeY Treat) project employed a same day HCV test-and-treat model for viremic residents of a rural Appalachian county negatively impacted by the opioid/HCV syndemic. Participants reinfected, failing prior therapy, or LTFU were offered a second course of treatment with sofosbuvir/velpatasvir upon confirming active infection using on-site point-of-care RNA testing.

Effectiveness:
Treatment was initiated among 365 (96%) of 380 adults enrolled. Of these, 55 (14.9%) were re-engaged in the treatment protocol after suboptimal initial outcomes. Specifically, 65.5% were LTFU, 20% failed prior therapy, and 14.5% were reinfected; suboptimal outcomes were significantly more common among males and people who inject drugs. Three-quarters (74.1%) of participants re-engaged in treatment subsequently achieved SVR-12, leading to 40 additional cures. Participants receiving medications for opioid use disorder (MOUD) were 55% less likely to achieve suboptimal outcomes requiring treatment re-engagement.

Conclusion and next steps:
Allowing KeY Treat participants to have a second course of treatment led to a 17% increase in cured individuals. Without a second treatment attempt, one in five people who inject drugs in the past 30 days would have remained viremic, increasing potential for HCV transmission. Given the protective effect of MOUD, these results support improved access to HCV treatment within MOUD treatment seeking individuals and those enrolled in MOUD programs. Medicaid policies limiting access to one course of curative HCV treatment should be revised.

Disclosure of Interest Statement:
Dr. Havens has served as a scientific consultant for Gilead Sciences, AbbVie and Cepheid.