EXPANDING ACCESS: PEER-DELIVERED HEPATITIS C SELF-TESTING AND TREATMENT VIA MAIL FOR PEOPLE WHO INJECT DRUGS IN DENMARK

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Background:
Many people with hepatitis C virus (HCV) infection are marginalized and have limited access to healthcare, including HCV testing and treatment. Integrating HCV care into harm reduction services is recommended, but brick-and-mortar programs are often limited to urban areas, leaving many communities underserved. There is little research on expanding HCV care to these populations. This study evaluated a peer-led, mail-based HCV self-testing and treatment model offered through a no-cost mail-order needle syringe program to increase testing access among people who inject drugs.

Methods:
In this interventional cohort study, people who inject drugs were recruited between May 2022 and December 2024 through a peer-led mail-order needle syringe program. Participants were offered an HCV RNA dried blood spot (DBS) test with their order, which they collected at home or in a preferred setting and returned via mail. Those with detectable HCV RNA were linked to peer-assisted, decentralized treatment. At inclusion, participants completed a questionnaire on prior HCV testing and treatment, drug use history, education, and housing. The primary outcome was the proportion of participants who completed HCV RNA self-testing and received their result. Secondary outcomes included the proportion with detectable HCV RNA, loss at each step in the care cascade, and factors associated with self-testing completion, analyzed using multivariable models.

Results:
A total of 126 participants received an HCV self-testing kit, of whom 56 (44%) returned the test. Fifty-five (98%) received their results. Four tested positive for chronic HCV and were linked to home-based treatment; two completed treatment and achieved SVR12, and two remain in treatment. Analysis of factors influencing self-testing completion is ongoing and will be presented in a future poster or presentation.

Conclusion:
HCV self-testing appears to be a feasible strategy for case detection among people who inject drugs. The return rate was comparable to clinical engagement rates, suggesting home-based testing could supplement existing strategies. However, the study's small sample size limits generalizability. Future research should include a control group and a larger cohort to assess the model's impact on testing and treatment uptake and identify factors to optimize its implementation.

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