A ONE-STOP COMMUNITY-BASED APPROACH FOR HCV SCREENING, DIAGNOSIS AND TREATMENT AMONG PEOPLE WHO INJECT DRUGS IN IRAN: THE ROSTAM STUDY

Mirzazadeh A[1,2], Shahesmaeili A[2], Sharafi H[3], Shafiei M[2], Zarei J[2], Mousavian G[2], Tavakoli F[2], Ghalekhani N[2], Sharifi H[2], Shokoohi M[2,4], Hosseini Hooshyar S[2,5], Alavian SM[3], Haghdoost AA[2], Page K[6]

1. Department of Epidemiology and Biostatistics, University of California San Francisco, San Francisco, CA, United States of America
2. HIV/STI Surveillance Research Center, and WHO Collaborating Center for HIV Surveillance, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran
3. Baqiyatallah Research Center for Gastroenterology and Liver Diseases, Baqiyatallah University of Medical Sciences, Tehran, Iran
4. Epidemiology & Biostatistics, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada
5. The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia
6. Epidemiology, Biostatistics and Preventive Medicine, Department of Internal Medicine, University of New Mexico Health Sciences Center, Albuquerque, New Mexico, United States

Background: Data on hepatitis C virus (HCV) epidemiology and management are scarce in developing countries. We aimed to measure HCV prevalence and the acceptability of on-site community-based HCV treatment among people who inject drugs (PWID) in Kerman, Iran.

Methods: Using respondent-driven sampling, we recruited individuals (≥18 years) who reported drug injection within the last 12 months. Trained interviewers collected self-reported data on demographics, behaviors and past medical history. HCV Ab was tested using a rapid test; reactive results were confirmed using RT-PCR. Individuals diagnosed with HCV were visited by an on-site general physician for eligibility assessment and counseling for 12 weeks of Sofosbuvir/Daclatasvir (one oral pill daily). Recruitment, interview, HCV screening, diagnosis and treatment were all conducted within the drop-in center (DIC), a single-location one-stop-shop setting.

Results: A total of 169 PWID (median age 41.5 years, 89.3% male) were recruited between July 2018 and March 2019. At baseline, the HCV Ab prevalence was 32.6%, and the chronic HCV prevalence was 24.0% (95% CI: 15.0, 33.0). Self-reported history of prior HCV testing was only 8.7%, of whom 39.3% had HCV positive results last time tested and only 6.0% of them reported being ever treated. In Rostam study, 96% (24/25) of those who were eligible for HCV treatment, initiated HCV medication, of whom 71% (17/24) retained on treatment. Among those who retained on treatment, 70% (12/17) completed their 12 weeks regimen, of whom 100% (12/12) achieved sustained virologic response 12 weeks post treatment follow-up.

Conclusion: History of HCV testing and treatment is very low among PWID in Iran. The high rate of HCV treatment initiation and retention in our approach suggests that HCV care can be successfully delivered outside of hospital or specialized clinics; an approach which is more likely to reach PWID and a step towards HCV elimination.

Disclosure of Interest Statement: The Rostam study is funded by Iranian National Institute for Medical Research Development (NIMAD).