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OPPORTUNITIES AND CHALLENGES EXPERIENCED WHEN TREATING HCV in PEOPLE WHO INJECT DRUGS (PWID) THROUGH A NURSE –LED OUTREACH MODEL.

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Background

The Treatment and Prevention (TAP) Study is the first real world community based trial that aims to evaluate the effectiveness of a Nurse-led, outreach model to improve hepatitis C treatment uptake by current People Who Inject Drugs (PWID) and their injecting networks.

Methods

- PWID are recruited by specialist nurses from a study van or community Clinic
- Primary participants invite their injecting networks to become secondary participants.
- Referrals come through the SuperMIX cohort, or as self-referrals.
- Participants are randomly allocated to immediate or deferred treatment with sofosbuvir/velpatasvir.
- Nurses perform pre-treatment assessments (including elastography) and offer treatment to eligible participants.
- Follow-up is for 18 months to monitor treatment outcomes, re-infection or resistance to therapy.
- Social and behavioural data are collected at each visit and participants are reimbursed for all visits



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Challenges facing PWID that inhibits the uptake of HCV treatment

- **Historical Barriers**
- **Perceived Barriers**
- **Mental Health issues**
- **Homelessness**
- **Incarceration**
- **Lack of contact**
- **Suitable van locations**
- **Acceptability of local council/community/business**

Opportunities

- **Novel approach** (nurse lead model of care in the community taking the treatment to the street)
- **Outreach services**
- **Education**
- **Peer Support**
- **Presence and relationship building with community**



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Outcomes

- 334 PWID have been screened, comprising 171 Primary and 163 Secondary participants.
- 110 have started and 91 have completed treatment.
- Some treated participants report an increased sense of well-being and changing their injecting practices to "stay clean".
- Many have stated that they value the chance to get treatment through the study, as they normally don't engage with other health care services.
- Referral to tertiary health services has been facilitated for those needing treatment outside the study criteria with some degree of success.
- Eighty-eight participants are screening failures.
- Mental health issues, homelessness and incarceration impact negatively on being able to attend study visits.
- Mobile phone numbers change frequently.
- Finding suitable locations for the van has proven problematic and is dependent on the goodwill of Local Councils and businesses.

Conclusion

- While homelessness and mental health issues may be obstacles to accessing HCV treatment, we have shown that a Nurse-led outreach model provides the platform for treatment for many PWID.
- Its' success relies heavily on existing relationships and continued rapport building, but also on the support of local authorities, businesses and PWID themselves.



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