

TELEHEALTH-BASED HEPATITIS C VIRUS TREATMENT AT SYRINGE SERVICE PROGRAMS IN COLORADO, USA

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Background:

The majority of hepatitis C virus (HCV) transmission in the United States is associated with injection drug use, yet HCV treatment among people who inject drugs (PWID) remains low. Studies show that interest in HCV treatment on-site at syringe service programs (SSPs) is high. Telehealth-based HCV treatment at SSPs is an emerging model that addresses this need while minimizing unreimbursed costs that could limit sustainability. We report results from the first year of telehealth-based HCV treatment at SSPs in Colorado, USA.

Description of model of care/intervention/program:

From November 2022-November 2023, telehealth consultations for SSP clients with self-reported HCV were offered at the Harm Reduction Action Center in Denver, CO, along with phlebotomy, incentives, and on-site medication storage. In December 2023, the program was expanded to 3 additional SSPs. Vaccine clinics are offered at one of the SSPs monthly. Additional patient education and coordination is provided by pharmacy and SSP staff.

Effectiveness:

A total of 54 SSP clients were served between November 2022 and February 2024. Sixteen (30%) had no HCV RNA detected. Of the remaining 38 individuals, 4 (10.5%) did not get bloodwork done, 4 (10.5%) were prescribed HCV medication but have not started, and 30 (79%) started treatment. Currently, 5 (13%) individuals are on treatment, 8 (21%) started treatment but did not complete it, 17 (45%) completed treatment, and 12 (31.5%) attained sustained virologic response (SVR). The remaining 5 who completed treatment have not returned for final SVR testing. There were no documented treatment failures.

Conclusion and next steps:

SSP-located telehealth-based treatment models serve populations disproportionately impacted by HCV. This emerging model has successfully served many individuals who otherwise may not have linked to HCV care. Additional work is needed to address persistent loss to follow-up despite the removal of many systems-level barriers.

Disclosure of Interest Statement:

The authors declare no financial conflicts of interest.