

A comparison of SVR4 and SVR12 attendance and loss to follow up among clients of the Kirketon Road Centre (krc), a primary healthcare service for marginalised people in Kings Cross, Sydney, Australia.

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Background: KRC is a targeted primary health care facility focused on the prevention, treatment and care of viral hepatitis, HIV and sexually transmissible infections. For clients on hepatitis C (HCV) treatment, they are regularly contacted during treatment to support adherence. Upon treatment completion, staff make three contact attempts over six weeks to facilitate clients to return for sustained viral response (SVR). This is time intensive due to transiency, homelessness, mental health issues, incarceration and client priorities.

Argument: As loss to follow-up (LFTU) impedes determination of SVR after HCV treatment, we hypothesised that reducing the time to SVR testing would reduce LFTU for SVR. This is consistent with the guidelines from January 2023, that reduced the SVR test time from 12 (SVR12) to 4-12 weeks (SVR4).

Results: Between 2021-2023, 51 clients were prescribed HCV treatment. Of 27 clients in the SVR12 era, 15 (56%) discontinued (≤ 4 weeks) or were LTFU prior to end-of-treatment, and of the remaining 12 (44%), all (100%) were tested for SVR12. In the SVR4 era, 24 clients-initiated treatment, of whom 16 (67%) were LTFU prior to end-of-treatment, and of the remaining 8 (33%), 5/8 (62.5%) were tested for SVR4. All SVR tests were RNA negative. In those who had not completed >4 weeks treatment or were previously LTFU ($n=31$), seven subsequently returned for HCV testing opportunistically $>3/12$ post intended SVR date, of whom 6/7 were negative.

Conclusion and application: The majority of clients completing treatment tested for SVR. SVR4 testing did not improve proportional SVR testing. We found; most clients were LTFU post-prescription early in the care-cascade not at SVR stage and therefore we need novel ways to increase engagement during this critical time of treatment. Regular RNA testing rather than striving for specific SVR dates may be a better use of resources among highly marginalised populations.

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