THE C-LINK TRIAL: A PROSPECTIVE RANDOMISED CONTROLLED TRIAL SHOWING THAT CARE-NAVIGATION POST RELEASE FROM PRISONS INCREASES LINKAGE TO HEPATITIS C CARE

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Background: Hepatitis C (HCV) treatment within prisons is safe and effective. Some prisoners, however, are released untreated. On community re-entry, individuals are faced with a number of immediate competing priorities, and in this context, linkage to HCV care is low. Interventions targeted at improving healthcare continuity following re-entry have yielded positive outcomes for other health diagnoses however data regarding HCV transitional care is limited. We evaluated the benefit of transitional care using a care-navigator model on the likelihood of HCV linkage to care amongst individuals released untreated.

Methods: We conducted a prospective randomised controlled trial in which released prisoners with HCV were assigned to either care-navigation or standard-of-care. Care-navigation included telephone-based contact; providing HCV direct-acting antiviral (DAA) therapies; and reimbursement for DAA co-payment, study participation time, and opioid substitution therapy (OST). Standard-of-care participants had a detailed HCV summary sent to a nominated healthcare provider. The primary outcome was prescription of HCV DAAs within six months of release.

Results: 46 participants were randomised. The mean age was 35 and 62% were male. 90% (n=36/40) had injected drugs within 6 months of incarceration. 28% were prescribed OST. 50% self-reported psychiatric diagnoses. 22 were randomised to care-navigation and 24 to standard-of-care. 73% (n=16/22) in the care-navigation and 33% (n=8/24) in the standard-of-care group were prescribed HCV DAAs within six months of release (p=0.02). Time to DAA prescription was shorter amongst care-navigation participants (21 days [10-42] vs 82 days [44-99] p=0.049). The sole predictor of DAA prescription amongst those receiving care-navigation was ability to successfully contact participants following release (93%, n=14/15 vs 28%, n=2/7, p=0.01).

Conclusion: HCV transitional care for individuals re-entering the community is associated with a higher likelihood of DAA initiation and reduced time to treatment. Treatment rates amongst unsupported individuals are low. Similar programs should be implemented to contribute towards HCV elimination.

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