SIMPLIFIED AND INTEGRATED HCV TESTING AND TREATMENT ALGORITHM FOR UNHOUSED PEOPLE WHO INJECT DRUGS

Authors:
Ramers C[1, 2, 3], Klaman S[1], De La Torre C[1, 3], Celis D[1], Northrup A[1], Godino J[1, 2]

1. Laura Rodriguez Research Institute – Family Health Centers of San Diego; 2. University of California, San Diego School of Medicine; 3. San Diego State University School of Public Health

Background:
Achieving HCV Elimination will require broad harm reduction coverage and higher rates of screening, linkage, and treatment in people who inject drugs (PWID). Despite current efforts, HCV incidence in this population continues to rise.

Methods:
We conducted a pragmatic randomized comparative effectiveness trial using a mobile medical unit (MMU) with fibroscan, addiction and hepatitis C-trained providers, and HCV testing at a syringe exchange site. Clients were offered a 'starter pack' of buprenorphine, wound care, and HCV testing. HCV Ab positive patients were randomized to MMU evaluation vs. nearby HCV-treating clinics. Patients were excluded for life expectancy < 6 months, pregnancy, decompensated cirrhosis or hepatocellular carcinoma. Data were collected prospectively. The primary outcome was HCV treatment initiation within 6 months. Secondary outcomes included HCV therapy completion, SVR12, initiation and persistence of MAT, among others.

Results:
426 patients underwent rapid HCV antibody testing. 201 (47%) were reactive and consented to the study. Among 145 with a confirmatory blood draw, 94 (65%) were viremic. Among viremic patients, 68 (72%) were male, 71 (76%) were unhoused, 5 (5%) were employed and all were currently injecting drugs. 48 viremic patients were randomized to receive clinic-based care and 46 were randomized to evaluation in the MMU. A higher proportion of patients were prescribed (31/46, 67% vs. 12/48, 25%) and initiated HCV treatment (15/46, 33% vs. 9/48, 19%) in the MMU-based arm compared to usual care. HCV treatment completion and return rates for SVR12 testing were low and similar among groups with heavy loss to follow-up (4/46, 8.7%, 7/48, 15% and 2/46, 4.3%, 4/48, 8.3%, respectively).

Conclusion:
Simplified HCV care integrated with MAT may increase HCV treatment initiation. Challenges remain in retention in this unhoused PWID population. Additional steps are urgently needed to reach a true test and treat model to achieve elimination goals.

Disclosure of Interest Statement:
This study was supported by an investigator-initiated grant from Gilead Sciences.
Dr. Ramers reports receiving research grants from Gilead Sciences, speaking and consulting fees from Gilead Sciences, AbbVie and Viiv. All other authors report no conflicts of interest.

Table 1: Patient Demographics

Variable	Viremic Participants (n = 94)	Usual Care (N = 48)	MMU (n = 46)
Age			
18-29	8 (8.5%)	3 (6.3%)	5 (10.9%)
30-39	32 (34.0%)	16 (33.3%)	16 (34.8%)
40-49	27 (28.7%)	16 (33.3%)	11 (23.9%)
50-59	19 (20.2%)	10 (20.8%)	9 (19.6%)
60+	8 (8.5%)	3 (6.3%)	5 (10.9%)
Gender Identity			
Female	26 (27.7%)	11 (22.9%)	15 (32.6%)
Male	68 (72.3%)	37 (77.1%)	31 (67.4%)
Housing Status			
Own/rent	8 (8.5%)	5 (10.4%)	3 (6.5%)
Shelter	35 (37.2%)	16 (33.3%)	19 (41.3%)
Streets/Canyon	27 (28.7%)	14 (29.2%)	13 (28.3%)
Other homeless	9 (9.6%)	5 (10.4%)	4 (8.7%)
Unknown	15 (16.0%)	8 (16.7%)	7 (15.2%)
HCV Treatment Status			
HCV Treatment Prescribed		12 (25%)	31 (67%)
HCV Treatment Initiated		9 (19%)	15 (33%)
HCV Treatment Completed		7 (15%)	4 (8.7%)
SVR12 drawn		4 (8.3%)	3 (6.5%)
SVR12 achieved		4 (8.3%)	2 (4.3%)