

UTILISING A SOCIAL NETWORK NURSE –LED MODEL TO ENGAGE PWID IN THE COMMUNITY INTO HCV TREATMENT AND CARE

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Background:

Significant reductions in future hepatitis C Virus (HCV) infection could be achieved by delivering treatment in the community to people who inject drugs (PWID). Marginalised PWID can have difficulty accessing mainstream services due to stigma, a lack of trust, poverty, mental health issues and incarceration. We describe the innovative outreach and community-based nurse-led model (NLM) of HCV treatment used in the Treatment And Prevention (TAP) Study; a trial measuring the HCV prevention effectiveness of treating PWID and their injecting partners. We also describe treatment uptake and success.

Methods

Specialist nurses worked out of a mobile van or primary health care service to recruit PWID and their nominated injecting partners into the study. This model facilitated rapport and trust building through regular contacts and a consistent field presence. This proved important for treatment retention and for measuring follow up outcomes. Nurses provided private, non-judgmental HCV testing and treatment, fibrosis assessment using FibroScan and harm reduction advice.

Results:

Three hundred and forty four PWID and their injecting partners were screened over a three-year timeframe. Of these 223 were randomised, 98 have received treatment to date and 60 have successfully completed beyond SVR12 to the final week 84 of the study. Quality of life post-treatment is yet to be assessed, however many of the treated PWID have reported an improved sense of wellbeing. The support of fieldworkers, peers, local government and agencies and police has been imperative to the success of this model.

Conclusion:

Despite many obstacles to the delivery of HCV treatment to this population our NLM provided a viable platform on which to build future models of care. Flexibility when scheduling appointments, timely access to reflexive testing and treatment and a consistent field presence are needed. The TAP study demonstrates the feasibility of outreach and community-based NLMs for engaging and treating active PWID living with HCV.

Disclosure of Interest Statement:

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