SIMPLIFIED ONSITE HEPATITIS C TREATMENT IN OPIOID AGONIST THERAPY CLINICS IN UKRAINE

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Background
People receiving opioid agonist maintenance therapy (OAMT) have a high burden of HCV infection, yet treatment in many settings relies on referral to specialist clinics. We evaluated a Simplified HCV Integrated Management (SHIM) model delivered by non-specialist physicians within OAMT clinics, compared with case-management and referral (CMR). SHIM integrates simplified pretreatment evaluation, treatment with medications available through the national program, and follow-up with telementoring support.

Methods
We conducted a pragmatic, quasi-experimental cluster trial in 13 OAMT clinics in 12 Ukrainian cities. Adults receiving OAMT with confirmed chronic HCV infection and no prior treatment were enrolled. Outcomes included five cascade steps: pre-treatment assessment completion, treatment initiation, treatment completion, SVR12 assessment completion, and HCV cure. Multivariable mixed-effects logistic regression adjusted for key covariates assessed intervention effects.

Results
Between Feb-2023 and Dec-2024, 2,566 patients were screened and 616 were enrolled: 485 in SHIM clinics and 131 in CMR. Median age was 42 years, 88% were male. Past-30-day injecting drug use was reported by 23%, with no group differences. Pre-treatment assessment, treatment initiation and treatment completion were high in both arms (per-protocol overall: 95.8% [95%CI: 93.8-97.2], 96.6% [94.7-97.9], 97.7% [96.0-98.7], respectively), with no difference between the arms. Median time from diagnosis confirmation to treatment was 23 days (IQR:9-51) in SHIM and 73 days (IQR:43-108) in CMR (p<0.001).
Completion of SVR assessment was higher in the SHIM group compared to CMR (per-protocol 95.0% [92.4-96.8] vs. 85.5% [77.5-91.1], aOR=3.6 [1.3-9.5]), as well as HCV cure (per-protocol 95.5% [92.9-97.2] vs. 89.0% [80.8-94.1]), aOR=2.8 [1.2-6.4]), resulting in significant differences in intention-to-treat analyses.

Conclusion
Simplified onsite HCV treatment delivered within OAMT clinics achieved high treatment initiation and completion and resulted in higher cure rates than referral-based care. Integrating HCV care into OAMT services may substantially improve treatment outcomes and accelerate progress toward HCV elimination in high-burden populations.

Disclosure of Interest Statement
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