RAPID HEPATITIS C VIRUS POINT-OF-CARE RNA TESTING AND TREATMENT AT AN INTEGRATED SUPERVISED CONSUMPTION SERVICE IN TORONTO, CANADA

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Background: Recent expansion of supervised consumption services (SCS) offers new opportunities to engage people who inject drugs (PWID) in Hepatitis C virus (HCV) care. We aim to evaluate the feasibility of rapid, point-of-care (POC) RNA testing and linkage to care among service users of a small-scale SCS co-located within a primary care community health centre.

Description of model of care/intervention: Participants were enrolled from August 2018 to June 2019. SCS accommodates an average of 35 visits/day and testing was conducted 3 days/week. Participants with negative results offered repeat testing every 3 months for 1 year. HCV RNA positive (+) participants who initiated further assessments with the on-site HCV nurse were defined as linked to care. Follow-up for HCV RNA+ participants is on-going. We examined the proportion of prior HCV testing, POC testing results and subsequent linkage to care for HCV RNA+ participants at baseline.

Effectiveness: Among 125 participants (mean age 40.8±11.4 years, 66.1% male, 67.2% white) 73.6% reported unstable/no housing and 68% reported daily injection drug use. Among those who reported prior HCV testing (69.6%), 64.4% stated they knew their current HCV status. There were 118 valid POC test results at baseline and all participants received their test results. Among HCV RNA+ participants (41.5%), 34.7% were newly identified and 53.1% were linked to HCV care. Among those linked to care, 46.2% initiated treatment at this site and all have completed treatment to-date. No participants on treatment at the program site have been lost to follow-up and all those who completed the 12-week post-treatment follow-up have achieved sustained virologic response.

Conclusion and next steps: Proportion of newly identified HCV RNA+ remains high among this high-risk group, however engagement was also high at this site. POC HCV RNA testing within SCS with ongoing access to care for HCV RNA+ participants is a promising model to increase HCV engagement among PWIDs.

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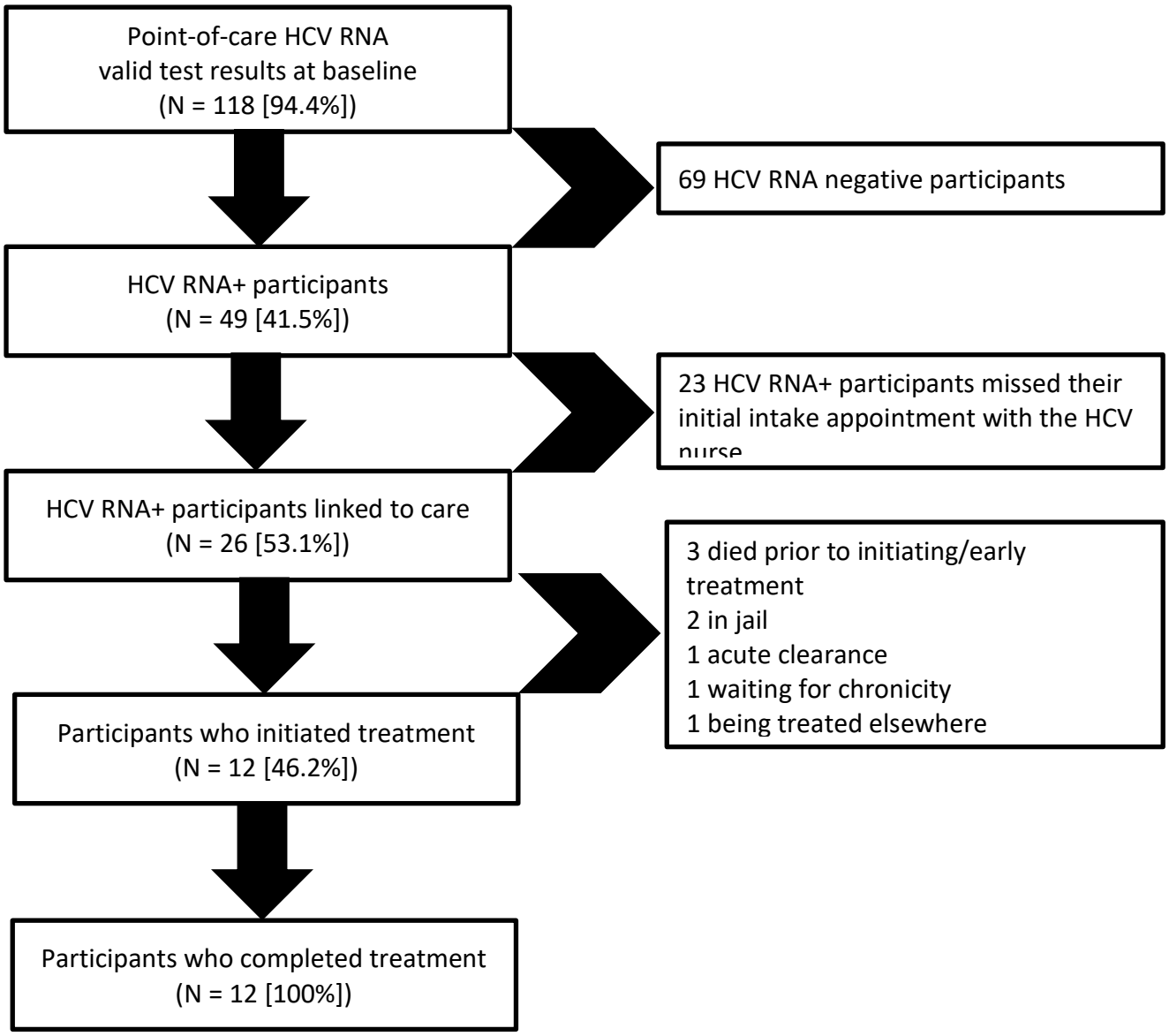
Figure 1:


Point-of-care HCV RNA
valid test results at baseline
(N = 118 [94.4%])
69 HCV RNA negative participants
HCV RNA+ participants
(N = 49 [41.5%])
23 HCV RNA+ participants missed their initial intake appointment with the HCV nurse
HCV RNA+ participants linked to care
(N = 26 [53.1%])
3 died prior to initiating/early treatment
2 in jail
1 acute clearance
1 waiting for chronicity
1 being treated elsewhere
Participants who initiated treatment
(N = 12 [46.2%])
Participants who completed treatment
(N = 12 [100%])