BRIDGING THE GAP: A NOVEL APPROACH TO HEPATITIS C ELIMINATION AMONG PEOPLE WHO USE DRUGS IN RURAL AND SEMI-URBAN APPALACHIAN SETTINGS

Authors:
Downs C[1], Salyer T[1], Scruggs K[1], Johnson A[1], Hargrove A[1]

[1] Virginia Harm Reduction Coalition, Roanoke, VA, USA

Background:
As the U.S. pursues hepatitis C virus(HCV) elimination, it must fund strategies to cure people who use drugs(PWUD). The Appalachian region experiences disparate HCV prevalence and social determinants of health(SDOH). The Virginia Harm Reduction Coalition, a peer-run, comprehensive syringe-services-program serving rural and semi-urban Appalachian PWUD has employed an innovative model of care tailored to the unique needs of this patient population often deemed 'hard-to-reach'.

Description of model of care/intervention/program:
Two patient navigators and one volunteer with lived experience bridge the gap between high-barrier clinical office settings and low-barrier mobile harm reduction street outreach. Successful outcomes rely upon comprehensive patient navigation, flexible clinical services, and financial incentives.

Effectiveness:
During a 12-month period, 66 participants enrolled in our HCV Linkage-to-Care Program after a reactive HCV Antibody Test. Confirmatory testing was performed in 47(71%) of these participants, among whom 34(72%) tested positive for RNA. Among those with diagnosed infection, 82% have initiated treatment: 19(68%) have completed treatment and 9(32%) are currently undergoing treatment, with 2 temporary interruptions due to incarceration and relocation. Among the 19 who have completed treatment, there are 9 for whom enough time has passed to collect SVR; 7(78%) have had SVR blood draws with a documented cure rate of 100%.

Conclusion and next steps:
This model demonstrates efficacy in treatment engagement and completion within a patient population that is largely unhoused, has limited resources, and is engaged in ongoing substance use. Despite these impactful results with just two treatment navigators, more than 300 interested program participants are waitlisted due to limited public health funding for HCV linkage-to-care programs. Elimination among PWUD will only be possible if we fund models that employ those with lived experience, meet patients where they are, and address their myriad competing survival priorities.

Disclosure of Interest Statement:
No authors have received funding from pharmaceutical companies. The work above has been partially supported by grants originating from Gilead Sciences, a manufacturer of hepatitis C therapies.