



A ONE-STOP COMMUNITY-BASED APPROACH FOR HCV SCREENING, DIAGNOSIS AND TREATMENT AMONG PEOPLE WHO INJECT DRUGS IN IRAN: THE ROSTAM STUDY

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Disclosures

- Nothing to disclose

Background/aims



186,500 Iranians live with chronic HCV infection¹



52% HCV Ab prevalence in people who inject drugs²



HCV diagnosis, linkage to care and treatment uptake are suboptimal among people who inject drugs in Iran

Objective:

To evaluate the impact of a community-based intervention on HCV testing, linkage to care and treatment initiation among people who inject drugs in Kerman, Iran

1- Hajarizadeh, B., Razavi-Shearer, D., Merat, S., SM Alavian, Malekzadeh, R., & Razavi, H. (2016) . Liver disease burden of hepatitis C virus infection in Iran and the potential impact of various treatment strategies on the disease burden. Hepatitis Monthly, 16(7), e37234.

2- Mahmud, S., Akbarzadeh, V., & Abu-Raddad, L. J. (2018). The epidemiology of hepatitis C virus in Iran: Systematic review and meta-analyses. Sci Rep, 8(1), 150. doi:10.1038/s41598-017-18296-9

Methods

Rostam-1

A cross-sectional behavioral survey and HCV screening
Using Respondent driven sampling (RDS) at a community-based drop-in-centre
(informed consent, face-to-face behavioural questionnaire, rapid and confirmatory lab HCV testing)

Eligibility:

- ≥18 yrs.
- IDU (last 12 m)

HCV RNA negative (HCV ab +/-) and
injected drugs in last 6 months

HCV RNA positive

An observational cohort study of HCV negative
PWID with active injecting

Rostam-2

A non-randomized treatment trial of HCV
chronic infection

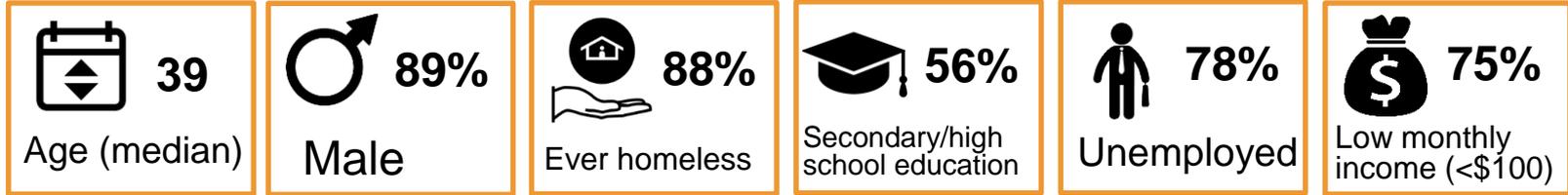
Rostam-3

Outcomes of this analysis:

- HCV diagnosis
- Treatment initiation
- SVR12 (by 30/07/2019)

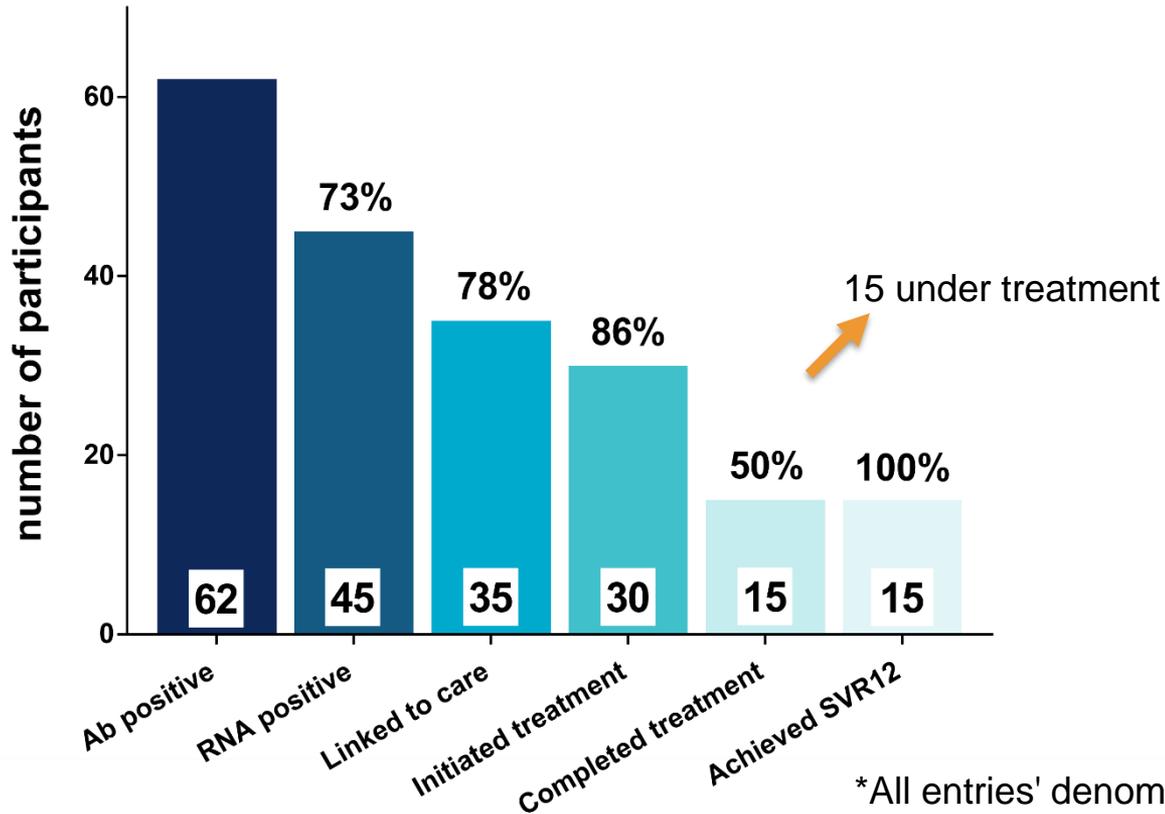
Results- Enrolment demographics and clinical characteristics

- Using 12 seeds, n= 171 recruited between July 10, 2018 and May 12, 2019



*RDS-adjusted prevalence (Crude prevalence of HCV Ab and RNA was respectively 36% and 26%)

Results- HCV cascade of care



*All entries' denominators are previous stages' populations

Conclusions/implications

- Prior history of HCV testing and treatment was very low
- Prevalence of HCV infection was considerable

Limited access to HCV care among PWID and stigma associated with injecting drug use

- High rates of linkage to care, treatment initiation and SVR

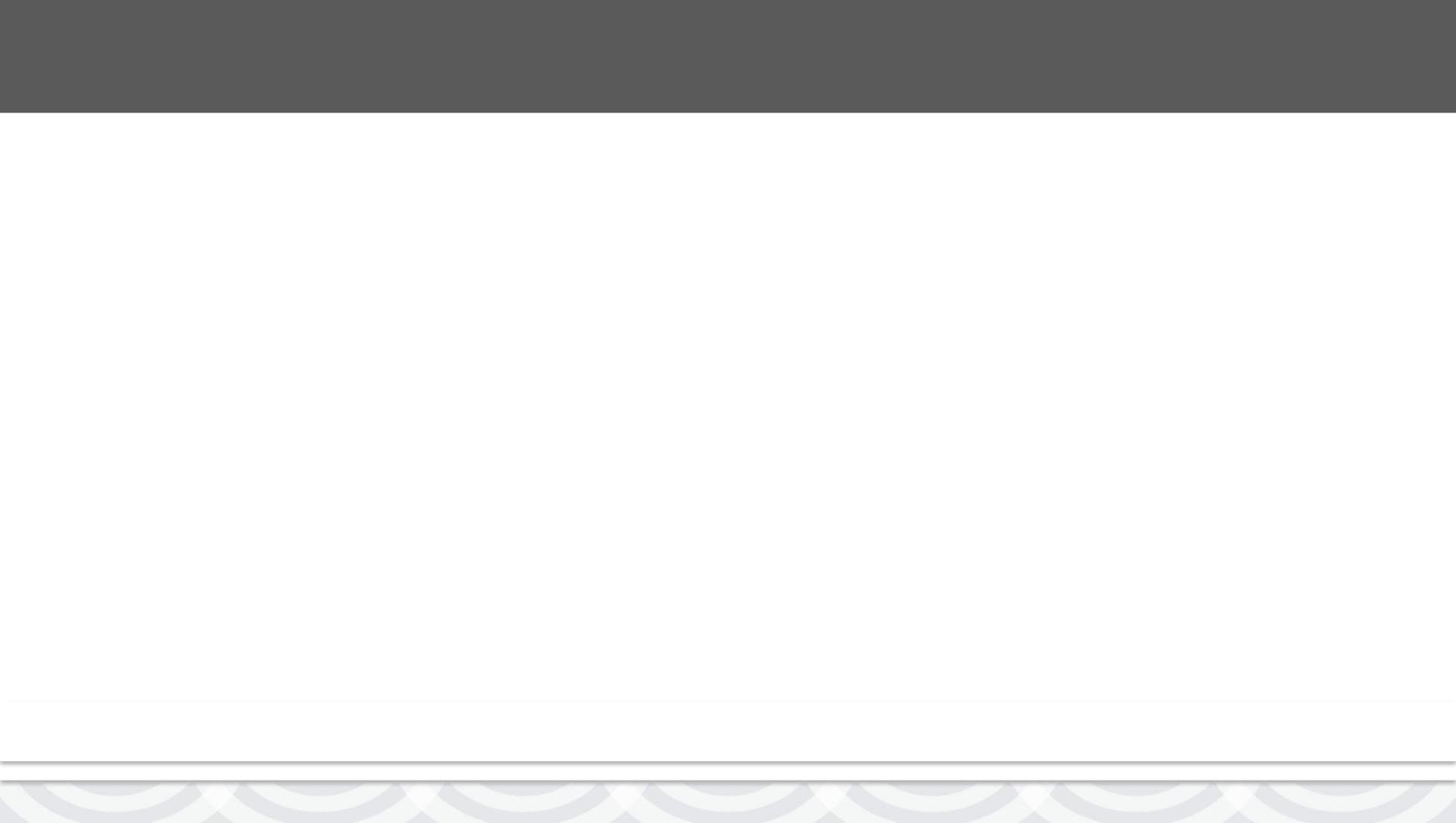
Outreach efforts can successfully deliver HCV care and increase HCV testing and treatment uptake among PWID

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For more information on this study, please contact **Dr Samira Hosseini**: shosseini@kirby.unsw.edu.au



Results- injecting risk behaviours and access to harm reduction services

Injecting risk behaviours (n=171)

- ≥Weekly Injecting (last 3 months); **55%**
- Receptive syringe sharing (last 12 months); **4%**
- Receptive injecting equipment sharing (last 12 months); **8%**

Access to harm reduction services (n=171)

- OST (last 12 months); **98%**
- Easy access to needle and syringes; **66%**