

STEP-C FREE – SUPPORT TO TREATMENT BY ENGAGEMENT WITH PEERS = HEPATITIS C FREE

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Background:

Micro-elimination of HCV entails collaborative efforts between Peer-Support and NHS-Nurses, integrating Point-of-Care-Testing (POCT) and Pathway-Optimisation in community settings. A joint-working-project (JWP) between NHS-Forth-Valley (NHSFV) and Gilead Sciences Ltd. (GSL) aims to support the Scottish Government's target of HCV elimination by 2025. To achieve micro-elimination, NHSFV targeted hard-to-reach high-risk clients. In 2023, NHSFV and GSL initiated a JWP to streamline the HCV care-pathway and enhance testing and treatment accessibility for those not engaging with routine NHS-services. The project seeks to demonstrate that collaboration between peers and NHS-nurses in informal community settings enhances BBV testing uptake and HCV treatment adherence in high-risk populations, ultimately promoting sustained virological response (SVR) at 12 weeks.

Method:

Focus groups identified non-healthcare community venues across FV. The STEP-C-Free Model, comprising two peer-workers and a community-BBV-nurse specialist, provided screening using Rapid HCV antibody (Ab) tests. Ab+ individuals underwent POCT with a mobile-Cepheid-Genexpert-module. Clients received liver-assessments (fibroscan), venous-bloods, Dry-Blood-Spot (DBS) for HIVHBV. Discussions focused on harm reduction and referrals to additional services. HCV PCR results were provided within an hour, with HCV PCR+ individuals having prescriptions lodged for treatment initiation within a week, supported by peer workers.

Results:

From Jul 2023 to Feb 2024: 260 individuals accepted Ab-tests, with 117 testing Ab-positive. 89 underwent PCR testing, and 190 received DBS tests. 26 (10%) tested HCV-RNA+, indicating active infection, and 1 tested positive for HBV. 18 individuals commenced HCV treatment, with 7 ready to begin treatment and 1 relocating.

Conclusion:

Despite routine HCV testing availability in FV, a segment of at-risk individuals remained underserved. Interim data suggest that peer supported POCT and treatment in non-healthcare-community-settings, effectively engage this population, promoting community involvement and healthcare accessibility. This approach identifies HCV+ individuals swiftly, reducing attrition rates through rapid and supported treatment initiation, while also expanding community outreach and involvement.

Disclosure of interest statement:

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