**TRANSFORMING HEPATITIS C CARE FOR PEOPLE WHO INJECT DRUGS IN TANZANIA THROUGH RAPID TESTING AND IMMEDIATE TREATMENT: PRELIMINARY CLINICAL EFFECTIVENESS DATA FROM CUTTS HEPC**

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**Background**
Despite high chronic hepatitis C virus (HCV) prevalence among people who inject drugs (PWID) in Tanzania, publicly-funded HCV direct-acting antivirals (DAAs) only became available in 2025. Access remains constrained by high HCV RNA testing cost (USD 80–100). CUTTS HepC aims to address barriers and guide models of care through a non-randomised comparative trial of a simplified care model following global guidance versus same-day treatment using early point-of-care (POC) antibody test read time (<5 mins). We present preliminary clinical effectiveness outcomes.

**Methods**
Participants were recruited from a regional referral hospital and a harm reduction drop-in site, with harm reduction outreach workers also referring participants from hotspots in Dar es Salaam. Arm 1 (simplified care) participants received POC HCV antibody (OraQuick – 20-minute read), confirmatory RNA testing and fibrosis assessment (APRI score), with results available within 24–48 hours. Confirmed cases received 12-weeks DAA treatment (Sofosbuvir + Velpatasvir) dispensed monthly. Arm 2 (same-day treatment) participants initiated same-day treatment based on antibody tests reactive at 5-minutes, with treatment continuation/cessation guided by subsequent RNA test results. Outreach workers supported adherence, with optional daily observed therapy at the recruiting hospital.

**Results**
By May 2026, 138/311 (44%) Arm 1 participants tested antibody positive at 20-minutes (133 positive at 5-minutes), 117/138 (85%) tested RNA positive, and 113/117 (97%) initiated treatment. In Arm 2, 25/83 (30%) participants tested antibody positive at 20-minutes; 24 (96%) were positive at 5-minutes and initiated treatment same-day; 20 (83%) tested RNA positive and continued treatment.

**Conclusion**
High HCV RNA positivity and treatment initiation demonstrate need and strong demand for HCV treatment among PWID in Tanzania. High RNA positivity among 5-minute antibody positive participants provides early evidence for the utility and feasibility of same-day treatment initiation in Tanzania.

**Disclosure of Interest Statement**

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