HEPATITIS C SINGLE ATTENDANCE TEST ASSESS AND TREAT ("HEP STAT") MINIMIZES CARE CASCADE ATTRITION AND ACHIEVES HIGH RATES OF TREATMENT INITIATION, COMPLETION AND CURE IN PEOPLE WHO INJECT DRUGS

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Background: The proportion of patients at risk of hepatitis C (HCV) diagnosed, linked to care and initiating treatment remains low, with significant attrition at each step along the care cascade, particularly in more vulnerable patient groups including people who inject drugs (PWIDs). We aimed to design and pilot the simplest shortest possible HCV care pathway, providing HCV testing, assessment and treatment initiation within one single appointment, to minimize attrition and increase treatment initiation.

Description of model of care/intervention: Peers identified PWIDs in the community and supported hospital outpatient clinic attendance. Individuals were tested for HCV RNA using capillary blood sampling and Cepheid® GeneXpert® point-of-care analysis. Individuals with detectable HCV RNA underwent liver transient elastography (TE) assessment using a portable FibroScan® (Echosens™). Those with TE≤9.5kPa were issued a prescription for an initial 4 of 12 weeks of sofosbuvir/velpatasvir (Epclusa®) with 4-week hospital follow-up. Those with TE>9.5kPa were offered a separate appointment for medical assessment, blood tests, liver ultrasound and deferred treatment start.

Effectiveness: 27 individuals attended 11 half-day drop-in clinics, 25 with current injecting drug use (IDU) and 1 with past IDU. 9/27 had detectable HCV RNA: 6/9 had median TE≤9.5kPa and all initiated same day Epclusa®; 3/9 had median TE>9.5kPa and initiated treatment after additional attendance for further assessment. 8/9 completed 12 weeks treatment (6 achieved SVR12, 1 lost to follow up, 1 less than 12 weeks post treatment), 1/9 completed 8 weeks only (SVR12 achieved). The shortest time from arrival to prescription issue was 90 minutes.

Conclusion and next steps: "Hep STAT" minimizes attrition and achieves high rates of treatment initiation, completion and SVR12. Embedding "Hep STAT" in drug services or prisons with high numbers of at risk individuals may improve HCV micro-elimination potential, but is dependent on peer support, Cepheid® GeneXpert®, portable FibroScan® and stocked pan-genotypic treatment availability.

Disclosure of Interest Statement:
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