

DAA THERAPY FOR HCV INFECTION AMONG PEOPLE WITH A SUBSTANCE USE HISTORY ATTENDING AN INNER-CITY COMMUNITY HEALTH CENTRE - VICTORIA, CANADA

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Background: Direct-acting antiviral (DAA) HCV therapy has been shown to be effective among people who inject drugs (PWID), but there is limited research on HCV treatment among PWID in the real-world, particularly primary care settings. The aim of this analysis was to assess the efficacy of DAA therapy for chronic HCV among people with a history of substance use attending a community health centre.

Methods: This is a retrospective study of participants attending an inner-city community health centre in Victoria, Canada. Participants with a history of substance use (non-injecting or injecting drug use, or alcohol use determined by chart review) were included if they initiated treatment between November 2014 through October 2016 and were due for sustained virological response (SVR) by April 1, 2017. The primary endpoint was SVR12.

Results: Of 166 participants who initiated treatment, 19% had HIV/HCV coinfection, 32% were receiving OST, and 65% had ongoing substance use (54% injecting drug use). Overall, 97.5% (n=162) completed treatment, including two lost-to-follow-up (LTF) during treatment (1.2%) and two deaths (1.2%). Overall, 87% (144/166) achieved SVR12 in intent-to-treat analyses. Among those without SVR, 15 were lost to follow-up and four died. No reinfection has been documented to date. There was no difference in SVR12 by HIV status (HIV, 90% vs. no HIV, 86%, $P=0.77$), OST (OST, 87% vs. no OST, 87%, $P=1.00$), ongoing substance use (yes, 88% vs. no, 84%, $P=0.63$), and injecting drug use (yes, 90% vs. no, 84%, $P=0.26$).

Conclusion: This retrospective study demonstrates that DAA treatment is effective, with no observed reinfections in a highly complex inner city cohort of people with ongoing substance use within a primary care setting. Our findings further demonstrate the efficacy of treating vulnerable populations within the context of primary care and provide a rationale for expanded primary care services of HCV.

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