COMPARING THE HCV CASCADE OF CARE BETWEEN A PEER-SUPPORT PROGRAM AND DRUG TREATMENT SERVICES

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Background:

With the UK commitment to eliminating hepatitis C virus (HCV) aligned with WHO targets, peer-led organisations may enable more active engagement with healthcare services and better treatment outcomes. The Hepatitis C Trust (HCT) provide a peer-support program for people who inject drugs diagnosed with HCV who have previously experienced barriers to treatment. This analysis aimed to understand the impact of peer support by comparing the HCV cascade of care population supported by HCT peers with a similar population tested in drug treatment services (DTS).

Methods:

Data for people with first HCV-RNA results were extracted from Sentinel Surveillance of Blood Borne Virus Testing (SSBBV; 2019-2022) and linked to a national Hepatitis C Patient Registry and Treatment Outcome System (data to 2023). Only those who had patient identifiers (PII's) to link to the treatment dataset were included in analyses. Chi-squared tests were used to compare differences along the care cascade between HCT and DTS.

Results:

10,266 individuals tested HCV-RNA positive via the HCT (73% male, median age: 42) and 36,986 individuals via DTS (68% male, median age: 41). In HCT with PII's, 65% (6,036/9,280) were linked to treatment compared to 20% (7,460/36,872) in DTS (p<0.001). Of those, 74% (4,470/6,036) initiated treatment in HCT compared to 37% (2,749/7,460) in DTS (p<0.001). HCT had 86% (3,851/4,470) treatment outcomes reported compared to 83% (2,287/2,749) in DTS (p=0.001). Of those with treatment outcomes excluding deaths, 69% (2,588/3,755) achieved a sustained virologic response in HCT compared with 74% (1,639/2,226) in DTS (p<0.001).

Conclusion:

The results suggest a key strength in HCT's peer-led model lies in the linkage to treatment when compared with drug treatment services, particularly in people with complex needs. This highlights the importance of ongoing support for the HCT's peer-support program helping underserved HCV population progress to treatment and the support achieving elimination targets.

Disclosure of Interest Statement: