A PEER-LED MOBILE HCV CLINIC FOR PEOPLE WHO INJECT DRUGS OUTSIDE THE URBAN CENTERS

Midgard H[1,2], Bjørnestad R[3], Egeland M[3], Dahl E[3], Finbråten AK[4], Blindheim M[5], Dalgard O[1,6].

[1]Akershus University Hospital, [2]Oslo University Hospital, [3]ProLAR Nett, [4]Lovisenberg Diaconal Hospital, [5]The Norwegian Directorate of Health, [6]University of Oslo.

Background:
New models of HCV care are needed to reach people who inject drugs (PWID) living outside the large urban centers. The primary aim was to evaluate rates of prescription, initiation and completion of DAA treatment following point of care (POC) HCV RNA testing and liver disease assessment in a mobile HCV clinic. The secondary aim was to assess HCV RNA prevalence among tested individuals.

Methods:
Between Nov 2019 and Nov 2020, a peer-led mobile outreach HCV clinic visited 32 small towns in Southern Norway, staying 1-3 days at each site. Personnel at local low-threshold services prepared for the visit a few weeks in advance. The clinic was staffed with a driver with user experience and a health care worker performing POC HCV RNA testing (GeneXpert®) and assessing stage of liver disease (FibroScan® 402). Viremic individuals were offered prompt pangenotypic DAA treatment prescribed by local specialists in infectious diseases or gastroenterology following a brief telephone assessment. Outcome data were extracted retrospectively from the electronic patient files.

Results:
A total of 296 individuals were tested, of whom 102 (35%) were HCV RNA positive (median age 51 years, 77% male, 6% unstable housing, 14% liver cirrhosis). All participants had a history of injecting drug use, 71% reported past 3 months injecting, and 37% received opioid agonist treatment. Six months following inclusion, prescription, initiation, and completion of DAA treatment were observed in 95 (93%), 94 (92%), and 85 (83%) of 102 participants, respectively (Figure). HCV RNA prevalence was associated with age (OR 1.81 per 10-year increase; 95% 1.41-2.32), ranging from 3% among those <30 years to 55% among those >60 years of age.

Conclusion:
A peer-led mobile HCV clinic is an effective and feasible model of care that should be considered for broader implementation in order to reach PWID outside the urban centers.

Disclosure of Interest Statement:
HM and OD have received lecture and consultancy fees from Gilead, MSD and Abbvie. No pharmaceutical grants were received in the development of this study.

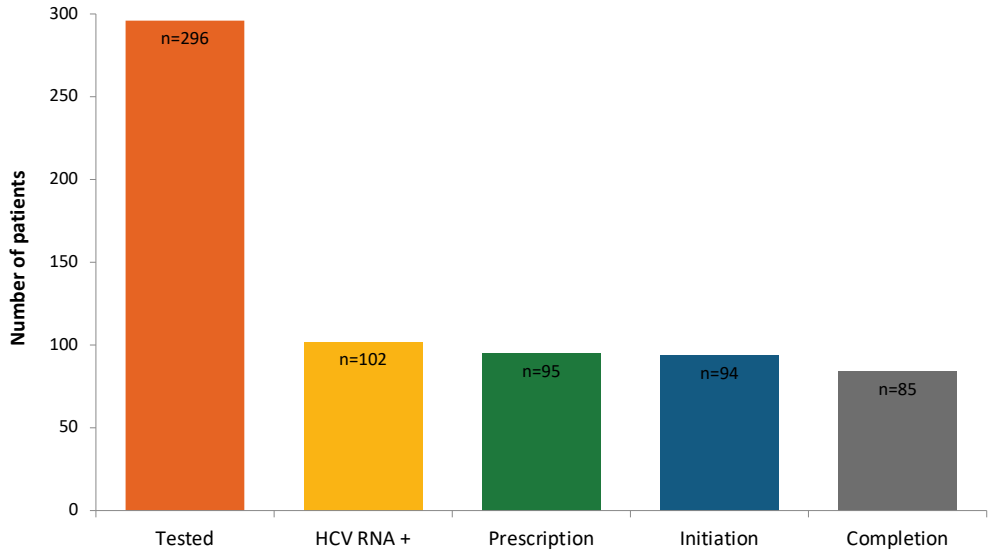

Figure. The cascade of care in a peer-led mobile HCV clinic in Norway.