INTEGRATION OF HEPATITIS C TREATMENT WITH HARM REDUCTION SERVICES FOR PEOPLE WHO INJECT DRUGS (PWIDs) IN KENYA: EXPERIENCE FROM TEST AND LINK TO CARE (TLC) STUDY

Nyakowa M, [1] Matthew J Akiyama,[3] Abbe Muller,[2] John Lizcano,[2] Helgar Musyoki,[1]Peter Cherutich,[1] Ann Kurth[2]
1. Kenya Ministry of Health, National AIDS & STI Control Program,
2.Yale University School of Nursing,
3.Albert Einstein College of Medicine / Montefiore Medical Center.

Background: Hepatitis C virus (HCV) is a leading cause of chronic liver disease globally. Africa has the highest estimated HCV prevalence in the world (5.3%). Kenya estimates that intravenous drug use accounts for 80% acute HCV infections. Despite high rates of HCV infection, relatively few PWIDS receive treatment as diagnosis often occurs late, appropriate tests to assess liver disease and guide treatment decisions are rarely available and prohibitive treatment costs.

The TLC Study demonstrated the feasibility of integrating HCV care in harm reduction service Centers (Methadone Maintenance Treatment (MMT) and drop in centers (DICs). We hypothesized that the colocation of these services would result in improved access to and utilization of HCV care.

Description of model of care/intervention: Respondent driven sampling was used to recruit participants, rapid HCV and Confirmatory RNA testing was done, genotyping done for HCV- confirmed positives. Treatment was through direct observation therapy (DOT) integrated within MMTs and DICs.

Effectiveness: 2,188 PWIDs tested. 291 were reactive on anti-HCV test. Of 284/288 RNA tests, 19% (n=54) nonviremic and 81% (n=230) viremic. Genotyping and phylogenetic done for 200. With available treatment for 95, (65 at MMT clinics, 30 at DICS). 90 (95%) completed treatment. Of those with SVR, 85/87 (98%) achieved cure.

Conclusion and next steps: HCV treatment in resource limited setting is feasible; The Study demonstrated that IDUs can be successfully engaged in collocated treatment services.DOT model is effective; however, there is a need to establish other effective care models.

Disclosure of Interest: Nothing to disclose.