

## Models of Care and Programs Abstract Template

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### COMMUNITY-BASED SCREENING, ON-SITE BLOOD COLLECTION, AND TELEMEDICINE TO INITIATE DIRECT-ACTING ANTIVIRAL THERAPY AMONG PEOPLE WHO USE DRUGS IN MALAYSIA

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#### Background:

In Malaysia, although hepatitis C (HCV) screening is already implemented at the community level, treatment initiation still requires multiple clinic-based steps for blood collection and scheduled appointments. Missed visits frequently disrupt continuity of care, disproportionately affecting people who use drugs (PWUD). This study aims to evaluate a rapid-start model of care designed to facilitate initiation of no-cost direct-acting antiviral (DAA) treatment.

#### Description of model of care/intervention/program:

The intervention model integrated community-based screening led by lay outreach workers and on-site blood collection by a community nurse, immediately following a positive HCV antibody test. Telemedicine consultations with physicians at primary care clinics were facilitated by outreach workers when needed. Flexible medication delivery options, including direct delivery of DAA to participants, were incorporated to reduce barriers to medication access. Participants in the intervention group received this rapid-start model of care, while those in the control group received standard care requiring multiple clinic-based visits prior to treatment initiation.

#### Effectiveness:

Between April 2025 and January 2026, a total of 168 PWUD were included, with 84 participants in both the intervention and control group. Kaplan–Meier curves were generated to examine time to DAA treatment initiation, measured from date of positive HCV antibody test. The intervention arm demonstrated significantly faster treatment initiation compared with the control arm (log-rank test,  $p < 0.001$ ). The median time to treatment initiation was 121.0 days (95% CI: 86.0–185.0) in the control group, compared with 7.0 days (95% CI: 6.0–9.0) in the intervention group. In the adjusted Cox proportional hazards model, the intervention group had a significantly higher rate of DAA initiation compared with controls (adjusted hazard ratio [aHR] 3.58, 95% CI: 1.78–7.21;  $p < 0.001$ ).

#### Conclusion and next steps:

A community-based rapid-start model significantly reduced time to DAA initiation among PWUD in resource-limited settings. Further evaluation of cost-effectiveness and scalability is warranted to inform national implementation.

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#### **Disclosure of Interest Statement: *See example below:***

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