POINT-OF-CARE HCV RNA TESTING, LINKAGE TO NURSING CARE, AND PEER-SUPPORTED DELIVERY TO ENHANCE HCV TREATMENT AMONG PEOPLE WITH RECENT INJECTING DRUG USE AT A COMMUNITY-LED NEEDLE AND SYRINGE PROGRAM: THE TEMPO PILOT STUDY

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Background: Point-of-care HCV RNA testing has high sensitivity and specificity. Further data are needed on the impact of point-of-care HCV RNA testing on treatment uptake. This study evaluated the effect of an intervention integrating point-of-care HCV RNA testing, linkage to nursing care, and peer-supported engagement and delivery on the proportion of participants initiating HCV therapy among people with recent injecting drug use attending a community-led needle and syringe program (NSP).

Methods: The TEMPO Pilot study is an interventional cohort study of people with recent injecting drug use (previous month) attending a community-based NSP in Sydney between September 2019 and February 2021 (study halted due to COVID-19 between March-August 2020). Participants received point-of-care HCV RNA testing (Xpert HCV Viral Load Fingerstick assay), linkage to nursing care, and peer-supported engagement and delivery to enhance scale-up of HCV direct-acting antiviral (DAA) therapy. Participants self-completed a tablet-based questionnaire. The primary endpoint was the proportion of participants initiating DAA therapy.

Results: Overall, 77 people who recently injected drugs were enrolled (mean age 45 years; 40% female, 100% injected drugs in last month). Overall, 27% (n=21) were HCV RNA detectable. Treatment uptake was 67% (14 of 21; sofosbuvir/velpatasvir, n=5; glecaprevir/pibrentasvir, n=9). Among people who initiated treatment (n=14), 64% (n=9) initiated treatment at the same visit, with 36% (n=5) initiating treatment after the initial visit. The median time to treatment initiation was 1 day (range, 0-3). Reasons for not initiating treatment included lost to follow-up (n=2), no Medicare, previous DAA treatment, inability to obtain accurate medical history, not suitable for treatment due to mental health concerns, and inability to perform liver disease assessment.

Conclusions: Point-of-care HCV RNA testing, linkage to nursing support, and peer-supported engagement and delivery led to a high HCV treatment uptake among people with recent injecting drug use attending a community-led NSP.

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