

LINKAGE TO CARE IS POOR AMONGST EX DRUG USERS WITH HEPATITIS C - A SINGAPORE POPULATION STUDY

Hsiang JC¹, Sinnaswami P², See W³, Cook AR², Thurairajah PH¹

1 Department of Gastroenterology and Hepatology, Changi General Hospital, Singhealth, Singapore

2 Saw Swee Hock, School of Public Health, National University Hospital of Singapore

3 Clinical Trial and Research Unit, Changi General Hospital, Singhealth, Singapore

Background:

People who are former illicit drug users with hepatitis C (HCV) are often poorly linked to care in the HCV treatment cascade. Of these, only a small proportion of people eventually received treatment. This poses a major obstacle in HCV Elimination. We aim to establish the proportion of patients being linked to care and, treatment in Singapore.

Methods:

We performed an interim analysis of a prospective community HCV screening study among halfway house (HH) residents with history of illicit drug use (EPIC study). Subjects were screened using point-of-care hepatitis C serology test kit. Subjects with positive results were given a referral letter to attend Polyclinics so that they could be referred to a specialist clinic in Hospital for the management of HCV.

Results:

74 of 196 (37.8%, 95% CI:30.9-44.9%) HH residents were identified as HCV positive on point-of-care test kits. 36 residents attended Polyclinic for referral and 33 of 70 (47.1%) attended specialist clinic. All 33 patients had HCV RNA testing. One patient had undetectable HCV RNA. Of the 33 patients with HCV viremia, 2 patients were reincarcerated during assessment period. 10 patients defaulted follow ups after attending specialist clinics. 27.1% (19/70) patients had plans to start treatment, and 4 of the 19 have been started on pegIFN and ribavirin. One patient declined HCV treatment. No patients have completed treatment yet.

Ethnicity, age, and previous known HCV status were not predictors of linkage to care. (all $p > 0.05$)

Conclusion:

In a community-based HCV screening program in PWID population with high HCV prevalence (37.8%), linkage to care remains very poor with only 47.1% linkage to specialist care, less than 30% planned for treatment and ultimately only 5.7% starting treatment.

Further studies are required to examine the barriers to and alternative methods of improving linkage to care and treatment.

Disclosure of Interest Statement:

Dr. Thurairajah and Dr. Hsiang have received grant funding from Gilead Inc. and National Medical Research Centre Grant for this study.