



Mater Hospital Dublin



# Treatment of Hepatitis C in the homeless drug-using population: an innovative shared care approach removing barriers to access

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## INTRODUCTION

- Injecting drug use accounts for up to 80% of cases of Hepatitis C Virus (HCV) in Ireland.
- Direct-acting anti-viral (DAA) treatment for HCV requires frequent hospital visits which is a major barrier to homeless/drug-using patients.
- Hospital follow-up rates as low as 1% have been recorded in newly-diagnosed HCV cases in this population.

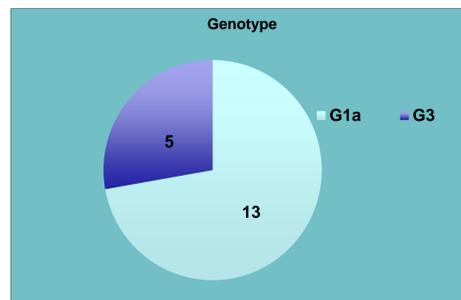
## METHODS

- We implemented a pilot project of community HCV treatment, targeting patients who were homeless and still active in addiction.
- Exclusion criteria included: co-infection with HIV or Hepatitis B, previous HCV treatment and decompensated liver disease.
- Patients were pre-assessed with bloods and FibroScan and then had just one hospital appointment, with the remainder of care delivered through their community clinic.
- DAA consumption was linked to daily supervised Opioid Substitution Therapy.

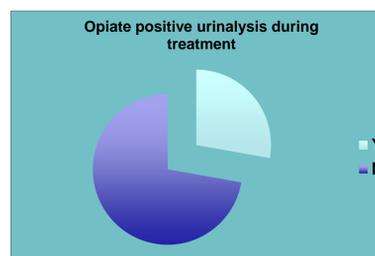
## RESULTS

- 18 patients were treated (M =14, F=4, age range 29-56, mean age 39).

- Genotype distribution:

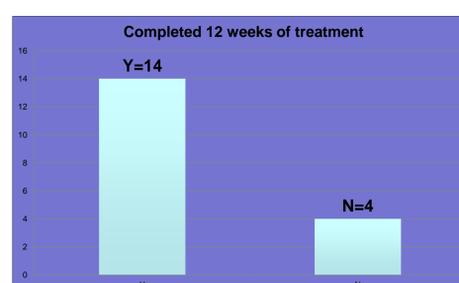


- Substance misuse:

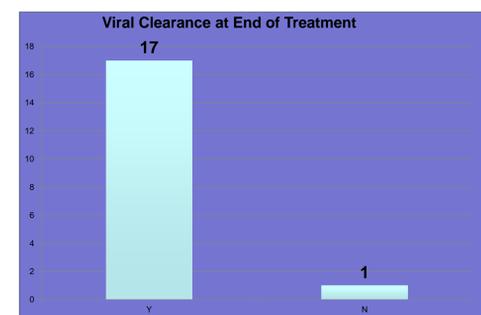


- Non-opiate substance misuse detected in 72% (n =13)

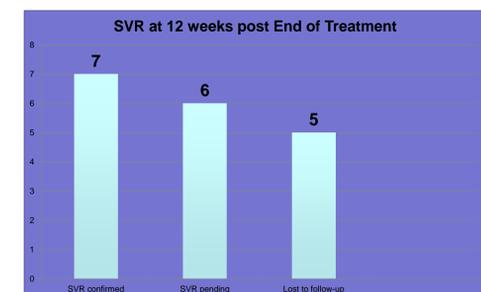
- Concordance Rates:



- Treatment Benefit:



- Anaemia requiring dose reduction of Ribavirin in 22%. No other adverse events.



## DISCUSSION

- Despite high levels of substance misuse, concordance was 78%.
- Viral clearance was observed in 94%, even those who completed treatment early, provided >6 weeks was administered.
- Confirming 12 week Sustained Viral Response (SVR) has been problematic due to loss to follow-up.

## CONCLUSION

- HCV treatment in the community is safe, effective and can engage hard-to-reach groups.