THE ST LUC COHORT: A LONGITUDINAL STUDY SERVING AS A STEPPING STONE TO HCV TREATMENT INITIATION AMONG PEOPLE WHO INJECT DRUGS

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Background: In Canada, people who inject drugs (PWID) carry the greatest burden of hepatitis C virus (HCV) infection, with an estimated prevalence of 70%. However, PWID are often hesitant to access healthcare services, due to concerns of being judged and long waiting times.

Description of intervention: The St-Luc Cohort is a longitudinal cohort study of PWID, established in 1988 in Montreal, to examine individual and contextual determinants of HIV transmission. The cohort's objectives later expanded to also estimate the incidence of HCV seroconversion (2004+) and HCV reinfection (2011+), and to examine determinants of HCV transmission in this population. Participants are followed at 6- (up until 2011) or 3-month intervals. Visits consist of answering an interviewer-administered behavioral questionnaire and providing blood samples for HCV and HIV testing. In addition to post-test counseling, all participants are offered service referrals, for drug use and HCV treatment, and social support, as needed.

Effectiveness: In February 2019, 525 PWID were actively followed in the HEPCO arm of the St Luc Cohort, among whom 162 had never been HCV-infected, 220 had been previously HCV-infected and cured, and 143 were currently HCV-infected. The majority of participants are male (84%) and their mean age is 44. Our team of nurses and interviewers displays a non-judgmental attitude and seeks to build trust and rapport with each participant. Thanks to a range of strategies implemented to optimize participant retention, our follow-up rate is high (~85%). As a result of testing and service referrals provided by our team, several dozen participants initiated treatment for HCV for the first time.

Conclusion: Participation in a longitudinal research cohort can be a stepping stone to facilitating access to HCV treatment for PWID. The impact of services offered by research staff on the cascade of care within this population deserves further study.

Conflicts of interest: J.B. received honorarium for participating in advisory meeting (one for Gilead Sciences and one for Merck (MSD), and a grant for Gilead Sciences, outside of this current work, in relation to HCV treatment for people who use drugs. All other authors have no conflicts to declare.