

COMMUNITY-BASED POINT-OF-CARE TESTING AND TREATMENT FOR PEOPLE WHO INJECT DRUGS AND GENERAL POPULATION IN MYANMAR

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Background: In Myanmar, and globally, access to direct-acting antivirals (DAAs) is generally limited to tertiary hospitals and private sector. The advent of DAAs and point-of-care (POC) testing platforms for hepatitis C (HCV) allow for the decentralization of care into community settings. If we are to reach all living HCV we must expand HCV services into community settings.

Methods: Effectiveness-implementation hybrid trial of community-based POC testing and DAA therapy for HCV among people who inject drugs (Thingangyun Clinic – Burnet Institute) and general population (Than Sitt Charity Clinic – Myanmar Liver Foundation) in Yangon, Myanmar.

Rapid diagnostic test for anti-HCV antibodies is performed on-site; if reactive, POC Xpert HCV VL test is performed on-site. External laboratory investigations are returned to the participant next day with participants commencing DAA therapy on the same day if no complications requiring specialist review.

Clinical data are collected in case report forms and behavioral surveys are completed by participants. Preliminary results from first 200 participants will be presented: demographics, risk behaviors, HCV positivity and treatment uptake.

Results: To date, 154 participants have been enrolled (n=81 at Thingangyun; n=73 at Than Sitt).

At Thingangyun, 95% (n=77) are male, all reported lifetime injecting and 95% (n=77) had injected in past six months. Anti-HCV antibody positivity was 96% (n=78) and RNA positivity was 91% (n=71). At Than Sitt, 36% (n=26) are male and one reported lifetime injecting. Anti-HCV antibody positivity was 95% (n=70) and RNA positivity was 90% (n=63).

Conclusion: Initial results suggest that providing POC testing on-site in community-based settings may led to high retention in care to diagnosis among people who inject drugs and general population equally; addition of treatment uptake data in presentation will allow for further retention in care analysis. Evidence from this study will inform the scale-up of hepatitis C treatment programs in Myanmar and globally.

Disclosure of Interest Statement: This study is funded as part of the Unitaid funded Foundation of Innovative and New Diagnostics (FIND) Hepatitis C Elimination through Access to Diagnostics (HEAD-Start) project.

BL Draper receives postgraduate scholarship from the Australian National Health and Medical Research Council (NHMRC). ME Hellard investigator-initiated research

funding to institution from Gilead, Merck, AbbVie and BMS. J Howell receives investigator-initiated research funding to institution from Gilead