

HCV SEEK, TEST, AND RAPID-TREATMENT (HCV-ST&RT) FOR YOUNG PEOPLE WHO INJECT DRUGS WITH HEPATITIS C– DESCRIPTION OF MODEL AND BASELINE CHARACTERISTICS.

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Background: The conventional approach to HCV treatment in the United States (US) involves multiple medical visits and time waiting for medication approval, which may especially deter young people who inject drugs (PWID). We designed a community-based, rapid-treatment intervention (HCV-ST&RT) for young PWID. This abstract presents the design, recruitment, and characteristics of participants enrolled.

Methods: HCV-ST&RT is a pilot randomized controlled trial. Eligible participants are aged 18-29, have injected drugs in the past 30 days, HCV-antibody positive and HCV-treatment naïve. The intended sample size is 72. Participants randomized to the intervention arm receive a medical evaluation on-site at a syringe services program and a 7-day starter pack of sofosbuvir/velpatasvir. After results of laboratory testing, HCV RNA positive participants with no contraindications are instructed to start treatment and scheduled for follow-up. Participants in the control arm are offered care coordination and facilitated referral to local treatment sites. All participants complete surveys and HCV RNA PCR at baseline and every 3 months through one year of follow up.

Results: 25 participants screened eligible, and 22 have enrolled. The median age is 26. There are 16 male and 6 female participants. 18/22 had positive HCV RNA at baseline. All 22 injected heroin, 14 also injected cocaine. Participants injected a median of 20 days in the past month, and 14 shared injection equipment in that time. Most (19/22) participants have health insurance, with 18 on Medicaid. 13 were in substance use treatment in the past 3 months. Most (18/22) had been tested for HCV before, but 10 were previously unaware of their positive HCV antibody status.

Conclusions: Young, high-risk PWID with hepatitis C, many of whom are newly diagnosed, are being enrolled in a clinical trial of rapid-start HCV therapy. If effective, this strategy may further lower the barrier for HCV treatment for this population.