

## **ON-SITE HCV TREATMENT FOR PATIENTS RECEIVING OPIOID SUBSTITUTION TREATMENT (OST) IN NJ**

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### **Background:**

Hepatitis C virus (HCV) infection is highly prevalent in clients of Opioid Substitution Treatment (OST) programs in New Jersey (NJ). A high proportion of them do not know that they are infected, and very few of those aware of their infection get treated. Diagnosing and treating HCV in this population is critical in order for NJ to achieve the goal of HCV elimination by 2030.

### **Description of Model of Care:**

We designed a 4 phases study in an OST program: Phase 1, education of healthcare personnel and clients regarding HCV transmission, pathology and therapy; phase 2, HCV testing; phase 3, on site evaluation for treatment of HCV, in those who were found to have a detectable virus load (VL); phase 4, treatment in collaboration with a specialty pharmacy. A descriptive analysis was used for the results.

### **Effectiveness:**

One hundred fifty-eight clients consented for screening, 70% of were males, with a median age of 49.2 years (range 22 to 75); 31.6 % were Black, 31.6 % Caucasian, 34.8% Hispanic, and 2% other. Forty-nine were found to be HCV antibody positive, with 38 having a detectable VL; genotype 1 (29), genotype 2 (2), genotype 3 (6), and one genotype 4. Thirty-one had minimal fibrosis, and 7 individuals had advanced fibrosis, 5 of them had cirrhosis, and one of those was decompensated. They all received direct active agents (DAAs). 31 patients received glecaprevir/pibrentasvir, 6 patients received sofosbuvir/velpatasvir and 1 patient received sofosbuvir/velpatasvir/ribavirin.

### **Conclusion:**

This study adds to the growing literature of more successful outcome when HCV therapy is done at the same site of OST, the initial educational component as well as the collaboration with a specialty pharmacy might have increased our success rate.

### **Disclosure of Interest Statement:**

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