

Retrospective Chart Review for Hepatitis C Treatment for People Who Use Drugs in Victoria, British Columbia

Authors:

Marion Selfridge^{1, 2}, Fiona Boothman¹, Tamara Barnett¹, Anne Drost¹, Kellie Guarasci¹, Karen Lundgren¹, Chris Fraser^{1, 3}

¹Cool Aid Community Health Centre, Victoria, ²Canadian Institute of Substance Use Research, University of Victoria, ³Department of Family Medicine, University of British Columbia, Vancouver, Canada

Background:

Canada is currently on target to reach the 2030 WHO goal of HCV elimination. Continued high rates of treatment initiation are required to meet this goal. In communities where HCV treatment has been widespread, specific micro-elimination projects can help to connect with hard-to-reach clients, including people who use drugs (PWUD). This study reports the incidence of HCV infection among people attending an inner-city community health centre in Victoria, Canada to evaluate efficacy of chart review to find clients still requiring HCV treatment.

Method:

In this observational study, participants tested for HCV antibodies and/or HCV RNA within the electronic medical record (EMR) between July 1, 2001 (beginning of EMR records) and December 31, 2022, were included. Retrospective chart review was performed to assess demographics, HCV antibody and RNA results. Endpoints included self-clear, HCV treatment, sustained virologic response (SVR), and mortality.

Result:

To date, 25,801 participants were identified in EMR (6865 seen in past 3 years). At least 5891 participants had a documented HCV Ab test (1848 positive for HCV antibodies), 1741 participants had documented HCV RNA test. Currently 430 participants have documented positive RNA (26 on treatment, 64 completed treatment and require SVR bloodwork, 71 pending treatment, 269 LTF). Of the 1311 participants with undetectable HCV RNA, 800 were treated and achieved SVR, 90 self-cleared, and 421 were unknown if treated or self-cleared. At least 360 were deceased. Ongoing review and analysis to clarify unknowns will be completed by INHSU conference.

Conclusion:

This innovative approach to HCV micro-elimination provides insights for clinics who may have clients reported lost to follow up or unaware they were eligible for treatment. The high rates of mortality highlight the importance of integrating HCV care with strategies to address drug-related and other harms.

Disclosure of Interest:

AbbVie, Gilead, and ViiV.

Keywords: Hepatitis C, diagnostics and testing, people who use drugs