

## **LOW-BARRIER TREATMENT OF CHRONIC HCV VIA TELEHEALTH AT A RURAL SYRINGE EXCHANGE PROGRAM**

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### **Background:**

In recent years, an emerging HCV epidemic has been occurring among young people who inject drugs (PWID), particularly in rural and suburban settings. Co-occurring conditions may affect willingness and ability to seek HCV treatment. Micro-elimination strategies target populations with the greatest burden of transmission and disease. Rates of active HCV infection in Berkshire Co. (Massachusetts) historically range 22-28% positivity. 70% of new acute HCV cases in 2018 were PWID.

The WHO & IOM 2030 elimination goals strive to (1) reduce HCV infections by 90% and (2) reduce HCV deaths by 65%. The United States is not on track to meet these goals even by 2050.

### **Description of model of care/intervention:**

Harm Reduction programs have an already established climate of mutual respect between staff and participants. Anyone previously identified as having chronic HCV on bloodwork, or newly screened positive with evidence of chronic HCV is eligible for treatment. All bloodwork, telehealth visits, medication refills and appointments are completed at the harm reduction program where the participant is already engaged in care. A HCV Care Navigator is assigned to assist with challenges such as poverty, homelessness, co-occurring conditions, medication adherence and the elimination of unrealistic expectations.

### **Effectiveness:**

Since June 2020, 185 participants have been eligible for treatment through this approach. Of those, 150 have been engaged in care, and 38 have cleared the HCV virus. In the previous three years (2017-2019), that # was consistently zero.

### **Conclusion and next steps:**

PWID's comprise a group of the most severely affected by the HCV epidemic, however are the least likely to receive treatment. Carbon copies of the program resulting in 8-10% scale-up could get us to elimination goals.

Access to harm reduction services improves HCV treatment outcomes, and HCV cure rates are high, even with active drug use and suboptimal adherence, while reinfection rates are low.

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

Nothing to disclose.