

HEPATITIS C PREVALENCE AND TREATMENT UPTAKE AT OPIOID AGONIST THERAPY CLINICS IN ONTARIO, CANADA

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Background: Widespread screening for hepatitis C virus (HCV) is necessary in order for Canada to meet its HCV elimination goals by 2030. People who currently or previously injected drugs are at high risk for HCV and opioid agonist therapy (OAT, such as methadone and buprenorphine) has been shown to help stabilize the lives of those who are opioid-dependent. The distribution of OAT in North America typically requires daily, weekly, or monthly clinic visits and presents an opportunity for screening and treatment for those at high-risk of HCV.

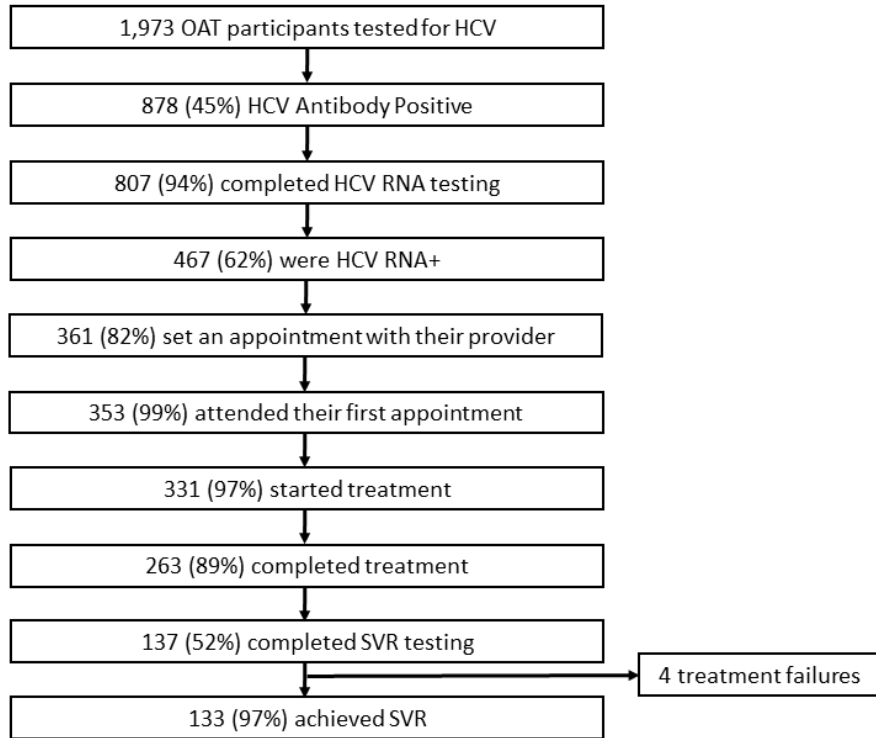
Methods: HCV screening was conducted by staff at OAT clinics in Ontario from 2016-2020 and those with chronic infections were treated on-site with direct-acting antivirals. Either point-of-care or dried blood spot (DBS) testing was used for antibodies, DBS or serum for HCV RNA, and serum for SVR12. Descriptive statistics were performed using SPSS (v27).

Results: OAT clinics screened 1,973 people (mean age 40 years±12, 63% male). Forty-five percent ($n=878$) were antibody positive, of whom 62% ($n=467$) were HCV RNA+. Of those RNA+ and having attended their first appointment (76%, $n=353$), 97% ($n=331$) started treatment of whom 89% ($n=263$) completed treatment. Fifty-two percent of ($n=137$) of those who completed treatment submitted samples for SVR12 and 97% ($n=133$) achieved a virological cure. Eighty-four percent ($n=61$) of those who completed treatment and did not submit samples for SVR12 were provided at least three requisitions to an outside lab but they were never fulfilled.

Conclusion: HCV screening and treatment at OAT clinics is feasible, effective, and warrants expansion. Data suggest strong treatment adherence due to high rates of SVR12 comparable with other OAT-based HCV treatment programs. The lack of SVR12 sampling could be addressed by either on-site phlebotomy or by potentially incentivizing SVR12 sampling.

Disclosure of Interest Statement: *The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. There are no conflicts of interest to disclose for this project.*

Figure 1: Overall outcomes of screening and cascade of care at opioid agonist therapy clinics



**Numbers may not add up to 100% due to delays in partner reporting, delays in test result reporting, spontaneous clearance, deceased patients, incarcerated patients, and those transitioning between stages of care*