

ACCEPTABILITY OF COMMUNITY-BASED HEPATITIS C TESTING AND TREATMENT AMONG PEOPLE WHO INJECT DRUGS IN YANGON, MYANMAR

Yee WL¹, Draper BL^{2,3}, O'Keefe D², Bowring A², Pedrana AE^{2,3}, Htay H¹, Shilton S⁴, Nwe N⁴, Kyi KP⁵, Aung KSA⁶, Naing W^{7,8}, Hellard M^{2,3}

¹Disease Elimination Program, Burnet Institute, Yangon, Myanmar ²Disease Elimination Program, Burnet Institute, Melbourne, Australia ³School of Public Health and Preventive Medicine, Monash University ⁴Foundation for Innovative New Diagnostics ⁵ Myanmar Liver Foundation ⁶National Hepatitis Control Program ⁷Department of Hepatology, Yangon Specialty Hospital, Myanmar ⁸University of Medicine (1), Yangon, Myanmar

Background

In Myanmar, people who inject drugs (PWID) experience high burden of hepatitis C virus (HCV) infection. Hospital-based HCV care has several challenges regarding limited clinical workforce, costs and long waiting lists. The advent of direct-acting antivirals (DAA) and rapid point-of-care (POC) diagnostics provides opportunities to shift to community-based HCV care, expanding access for PWID.

Methods

We assessed the acceptability of community-based HCV testing and treatment among PWID as part of an 18-month feasibility study in Yangon, Myanmar. Since January 2019, a team comprising a medical doctor, nurse and laboratory technician provided HCV care at two clinics. One clinic focusing on PWID has a peer worker on the team. On-site HCV diagnosis was performed using Xpert® HCV viral load test. Patients who tested HCV RNA positive were given DAAs, within seven days in most cases. Acceptability of community-based testing and treatment was assessed by five-point Likert scale surveys and in-depth interviews following 12-week post-treatment (SVR12) testing. We report on data from 254 baseline surveys, 139 SVR12 surveys and ten in-depth interviews among PWID.

Results

Ninety-three percent (235/253) of baseline survey participants injected drugs in the past six months and 63%(161/254) were on methadone maintenance therapy. Seventy-two percent (181/253) and 77%(184/238) of participants reported POC antibody and RNA testing very acceptable respectively. Most participants reported blood taking from the vein, and blood testing at the clinic (rather than at a laboratory) very acceptable. Seventy percent (97/139) of SVR12 survey respondents were very satisfied with the overall HCV care. Similarly, qualitative interview participants (n=10) reported high acceptability of testing and treatment at the clinic and cordial services of the clinic staff.

Conclusion

To achieve international HCV elimination targets, improved access for key populations is required. Community-based HCV testing and treatment was highly acceptable to the majority of our PWID participants in Yangon.

Disclosure of Interest Statement

This study is part of a FIND programme known as Hepatitis C Elimination through Access to Diagnostics (HEAD-Start), funded by Unitaid.