

HCV TREATMENT AMONG ACTIVE INNER CITY DRUG USERS WITH GLECAPREVIR/PIBRENTASVIR (G/P): THE GRAND PLAN STUDY

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Background:

To achieve the World Health Organization mandate of eliminating Hepatitis C Virus (HCV) infection as a public health concern by the end of the decade, we must design and implement plans of intervention for all affected populations, including the most vulnerable and difficult to reach.

Purpose:

We describe a community-based program targeting HCV-infected inner-city residents with active fentanyl use.

Method:

Through weekly events held at single room occupancy dwellings in the inner city of Vancouver, Canada, we identified subjects with HCV infection and a history of ongoing fentanyl use. We engaged them in a multidisciplinary program of care to meet medical, psychological, social and addiction-related needs and provided HCV treatment with Glecaprevir/Pibrentasvir (G/P) within this context. HCV medications were administered in a way to maximize the likelihood of adherence and follow-up to the sustained virologic response (SVR) 12 time point. This included daily dispensing with opiate agonist therapy or weekly delivery of medications to the place of residence. If a subject was unavailable for weekly check-ins, interventions were immediately implemented to re-integrate into care. This analysis presents the rate of documented cure (achievement of SVR12) in the target population.

Result(s):

We identified 118 eligible HCV-infected fentanyl users who were enrolled in the program. Key demographic characteristics include: 91 (77%) male, median age 47 (26-75) years, 102 (86%) on opiate agonist therapy, F0/1 (86, 73%), ≥ F2 (32, 77%), known fentanyl use (74, 63%), other drug use (92,78%). Of 107 who initiated treatment, 88 completed treatment to date and 82 achieved cure at the SVR12 and/or SVR24 time point. Those lost to follow-up included 2 overdose-related deaths prior to SVR12 time point and 4 disengaged from care. There were no cases of documented virologic failure.

Conclusion(s):

To treat HCV infection among the most vulnerable inner-city populations, specific programs for integration and maintenance in care must be designed and evaluated. We have shown that this can be accomplished even among active fentanyl users who are precariously housed. This may provide the basis for successful interventions among similar populations in different settings.

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