

## IDENTIFICATION OF HCV AND LINKAGE TO CARE FROM A DETOXIFICATION UNIT – A NOVEL STRATEGY FOR HCV MICRO-ELIMINATION

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**Background:** 2.5 million people in the United States are living with hepatitis C (HCV)<sup>1</sup> with 80% of new infections occurring among People Who Inject Drugs (PWID)<sup>2</sup>. Rates of acute HCV among people age 18-29 have increased 400%<sup>2</sup>. Despite being disproportionately affected by HCV, treatment uptake among this population remains low. In order to achieve the World Health Organization's target to eliminate HCV by 2030 improved screening, linkage to care and treatment among PWID is essential. This study describes the efficacy of screening and linkage to care from an opiate detoxification setting.

**Methods:** All patients admitted to the detox unit are screened for HCV with reflex testing. A positive result triggers a real time notification to the social work team embedded in our hepatology clinic as well as a consult from the addiction medicine/hepatology specialist. Patients are evaluated prior to discharge from the hospital. Baseline HCV workup as well as medication- assisted treatment (MAT), for opiate dependency are offered at the time of the evaluation. Early evaluation for HCV while inpatient and co-localization of services was proposed to increase treatment uptake both for HCV and opiate dependency.

**Results:** From October 2018 to May 2019, 76 patients admitted to inpatient detox were linked for either MAT alone, HCV evaluation, or both MAT / HCV. 31 patients were chronically infected. 14 patients started on HCV treatment 12 of whom also initiated MAT for opiate dependency. 2 patients have achieved SVR and 12 remain on treatment or are post treatment awaiting SVR confirmation. Of the remaining chronically infected individuals, 1 went to an out of state rehabilitation facility, 4 missed their initial appointment, 8 are pending initial evaluation and 4 were lost to follow up.

**Conclusion:** Partnership with high risk treatment service settings such as detoxification units can result in improved HCV treatment uptake. Early treatment of HCV can also result in increased treatment uptake for opiate dependency. Co-localization of MAT and HCV treatment services can be an effective model to eradicate HCV and also to serve as treatment as prevention, potentially reducing rates of HCV transmission.

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