

TREATMENT UPTAKE FOR HEPATITIS C INFECTION FOLLOWING AN INTERVENTION TO ENHANCE LINKAGE TO CARE AMONG PEOPLE WHO INJECT DRUGS: THE ETHOS ENGAGE STUDY

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Background:

Strategies to enhance HCV testing and treatment among PWID are critical. This study evaluated HCV treatment initiation among PWID with current HCV infection following an intervention including peer connection and point-of-care HCV RNA testing.

Method:

ETHOS Engage is an observational cohort study of PWID attending 25 drug treatment clinics and needle and syringe programs (NSPs) in Australia (May 2018-September 2019). Peer workers facilitated engagement in an HCV screening intervention as people accessed services. Participants completed a questionnaire, point-of-care HCV RNA testing (Xpert[®] HCV Viral Load Fingerstick) and were linked to an HCV nurse/physician. As the Xpert HCV assay was not approved at time of study, results were provided to the nurse to facilitate further HCV testing/investigation. HCV treatment initiation was evaluated among participants with current HCV infection not receiving treatment at enrolment. Factors associated with not initiating treatment by the end of follow-up were assessed by logistic regression.

Results:

Among 1,443 people enrolled, 22% (n=323) had current HCV infection and were not receiving treatment. Among 323 eligible for treatment (median age, 43; 65% male), 15% were homeless, 73% were receiving opioid agonist treatment, and 70% had injected in last month. Overall, 36% (115/326) initiated treatment within 12 months and 47% (153/326) initiated treatment at any time following

enrolment (median, 6 months; range 0-28 months). Factors associated with not initiating treatment were homelessness [adjusted odds ratio (aOR):2.17; 95% confidence interval: 1.07,4.41), and injecting frequency: injecting <monthly in the last year (aOR:2.66; 1.05,6.75), and injecting \geq daily in the last month (aOR:3.65; 1.49,8.92) compared to no recent injecting.

Conclusion:

Treatment uptake following an HCV screening intervention including peer connection and point-of-care HCV RNA testing in drug treatment clinics and NSPs was high. People who are homeless and people with recent injecting drug use require additional support for engagement in HCV treatment.

Disclosure of Interest Statement: None