

REACHING HARD TO REACH PEOPLE WHO USE DRUGS: A COMMUNITY-BASED STRATEGY FOR THE ELIMINATION OF HEPATITIS C IN HIGH-INCOME SETTINGS

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Background: Elimination of HCV among people who use drugs (PWUD) remains a challenge even in countries in which HCV care is provided free of cost. We assessed whether an innovative community-based respondent-driven sampling (RDS) survey, coupled with HCV screening and immediate treatment, could be efficient to detect and cure active PWUD with chronic HCV in a large city of Southern France.

Methods: At a community site with peers, PWUD (cannabis not included) were enrolled after confirmation by a urine drug test. Participants were then screened for HBV/HCV/HIV and benefited from on-site HCV treatment evaluation and prescription. Peer support was provided during treatment, and a systematic visit was scheduled 12 weeks after the end of treatment. The cost of the intervention was estimated.

Results: 554 participants were enrolled. Most were male (78.8%) with a median age of 39 years (IQR: 33-46). Cocaine (73.1%) and heroine (46.8%) were the main drugs consumed. Overall, 32.6% of PWUD (N=181) were HCV seropositive, of which 49 (27.1%) had detectable HCV RNA and were thus eligible for treatment. Ten of these patients had severe fibrosis. HCV treatment was initiated for 37 (75.5%) patients among whom 30 (81.1%) completed their treatment and 27 (73.0%) achieved sustained viral response at week 12. The total cost was 161€ per screened patient and 1,816€ per patient needing treatment.

Conclusions: Community-based RDS survey approach, involving peers, proved efficient and cost-effective to reach and cure PWUD for HCV. This innovative strategy could be key for the final step of HCV elimination.

Disclosure of Interest: None