

THE ST LUC COHORT: A LONGITUDINAL STUDY SERVING AS A STEPPING STONE TO HCV TREATMENT INITIATION AMONG PEOPLE WHO INJECT DRUGS

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BACKGROUND

- In Canada, people who inject drugs (PWID) carry the greatest burden of hepatitis C virus (HCV) infection, with an estimated prevalence of 70%.
- However, PWID are often hesitant to access healthcare services, due to concerns of being judged and long waiting times.

DESCRIPTION OF THE INTERVENTION

- The St-Luc Cohort is a longitudinal cohort study of PWID, established in 1988 in Montreal, to examine individual and contextual determinants of HIV transmission.
- The cohort's objectives later expanded to also estimate the incidence of HCV seroconversion (2004+) and HCV reinfection (2011+), and to examine determinants of HCV transmission in this population. Participants are followed at 6- (up until 2011) or 3-month intervals.
- Visits consist of answering an interviewer-administered behavioral questionnaire and providing blood samples for HCV and HIV testing. In addition to post-test counseling, all participants are offered service referrals, for drug use and HCV treatment, and social support, as needed.

RESULTS

- As a result of testing and service referrals provided by our team, several dozen participants initiated treatment for HCV for the first time.
 - Between 2014 and 2017, of 308 participants followed in HEPCO with chronic HCV infection, 80 (26%) initiated HCV treatment (Makarenko I et al, *IJDP* 2019)
- In February 2019, 525 PWID were actively followed in the HEPCO arm of the St Luc Cohort, among whom:
 - 162 had never been HCV-infected,
 - 220 had been previously HCV-infected and cured, and
 - 143 were currently HCV-infected
- The majority of participants are male (84%) and their mean age is 44.
- Our team of nurses and interviewers displays a non-judgmental attitude and seeks to build trust and rapport with each participant.
- Thanks to a range of strategies implemented to optimize participant retention, our follow-up rate is high (~85%).

CONCLUSIONS

Participation in a longitudinal research cohort can be a stepping stone to facilitating access to HCV treatment for PWID. The impact of services offered by research staff on the cascade of care within this population deserves further study.

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