

EVALUATING TREATMENT AS PREVENTION AMONG PEOPLE WHO INJECT DRUGS IN DUNDEE FOR HCV (ERAPID-HCV)

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Background: 90% of chronic hepatitis C (HCV) infections in Scotland are acquired through injecting drug use. Modelling studies have shown that HCV treatment is a critical component to HCV prevention among people who inject drugs (PWID) and is likely to be cost-effective compared to delaying treatment or treating non-PWID with mild or moderate disease. By scaling up HCV treatment locally to treat 590 PWIDs within 3 years we hypothesize that we could reduce the prevalence of chronic HCV in this population from approximately 29% to less than 10%, this will reduce the incidence of new infections from over 5% per annum to less than 1% per annum. The aim of this study was to determine whether it would be feasible to scale up HCV treatment in PWID across a range of services in the community and provide treatment to sufficient number of PWID to reduce chronic HCV prevalence to <10%.

Methods: From April 2017 treatment access and delivery was scaled up for PWIDs through a variety of different existing pathways including pharmacy, Injecting equipment provision sites (IEPS) and prison delivered treatment. Demographic details, injecting history, opiate agonist therapy (OAT) prescription and site of treatment delivery were recorded in a clinical database. Anonymised data was extracted monthly and collated.

Results: Between April 2017 and May 2019; 432 PWIDs/people on OAT have been established on treatment, averaging 16.6 people treated/month. Treating 15.8/month will deliver the remaining 158 by April 2020. The proportion of overall treatment delivered by each pathway was; standard pathway (including outreach clinics) 39.4%; pharmacies 28.4%; IEPS 18.9%; Prisons 13.2%.

Conclusion: Interim analysis shows that rapid scale up for this sub-population of individuals with chronic HCV is possible within our existing treatment pathways. Future results will determine whether this intervention has been successful in significantly reducing HCV incidence and prevalence.

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