

CARE BEYOND THE VIRUS: ENGAGING THE MOST MARGINALISED IN HEPATITIS C CARE

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Background:

Enhancing DAA treatment access to the most marginalised PWID, such as the homeless, is crucial for a comprehensive HCV elimination strategy. In countries such as the UK and Australia HCV testing and DAA provision is shifting from the specialist to the primary and community sector. While this ameliorates barriers associated with hospital care recent data indicates limited engagement among the most marginalized PWID.

Methods:

This presentation draws on an ongoing mixed methods study generating survey, in-depth interview and urinalysis data with London-based PWID. Our aim is to improve skin and soft tissue infection (SSTI) prevention, care and treatment interventions for PWID, including through assessing the feasibility of AA amyloidosis kidney disease screening, diagnosis & treatment referral. Qualitative interviews explore facilitators and barriers to health care practices and service access.

Findings:

To date, we have recruited PWID 145 participants (21 – 67 years); 65% report injecting in the past 12 months. The majority are unstably housed; 82% report ever being street homeless (median duration two years). Multi-morbidities are prevalent; 54% report a HCV diagnosis; 54% a current or previous SSTI; 24% a DVT and 6% HIV. Delays in seeking care and serious SSTIs complications were common, with 53% hospitalized for an SSTI-related condition. Qualitative accounts unpack barriers to health care access; environmental facilitators of injecting risk and highlight the profoundly debilitating impact of injecting injuries among this population.

Conclusion

Engaging with a HCV elimination strategy requires enabling DAA treatment opportunity for the most marginalised PWID – those who are unstably housed, inconsistently accessing OST and experiencing multiple morbidities and social exclusions. Many study participants delayed or avoided accessing care for acute injecting injuries, HCV was rarely prioritized. Understanding and addressing barriers to care access for profound health care conditions is crucial for enhancing access to HCV care amongst this population.

Disclosure of Interest Statement:

MH has received honorarium for presenting research findings at AbbVie and Gilead sponsored meetings and has provided consultancy services to Gilead. RB declares no conflict of interest.