

POINT-OF-CARE HCV RNA TESTING, LINKAGE TO NURSING CARE, AND PEER-SUPPORTED ENGAGEMENT AND DELIVERY TO ENHANCE HCV TREATMENT AMONG PEOPLE WITH RECENT INJECTING DRUG USE AT A COMMUNITY-LED NEEDLE AND SYRINGE PROGRAM: THE TEMPO PILOT STUDY

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Background & Aims:

Point-of-care HCV RNA testing has high sensitivity and specificity. Data are needed on the impact of point-of-care HCV RNA testing on treatment uptake. This study evaluated the effect of an intervention integrating point-of-care HCV RNA testing, linkage to nursing care, and peer-supported engagement/delivery on the proportion of people with recent injecting drug use initiating HCV therapy at a community-led needle and syringe program (NSP).

Methods:

The TEMPO Pilot study is an interventional cohort study of people with recent injecting drug use (previous month) attending a community-based NSP in Sydney between September 2019 and February 2021 (study halted due to COVID-19 between March-August 2020). Participants received point-of-care HCV RNA testing (Xpert HCV Viral Load Fingerstick assay), linkage to nursing care, and peer-supported engagement/delivery to enhance scale-up of HCV direct-acting antiviral (DAA) therapy. Participants self-completed a tablet-based questionnaire. The primary endpoint was the proportion of participants initiating DAA therapy.

Results:

Overall, 98 people who recently injected drugs were enrolled (mean age 45; 32% female, 100% injected drugs in last month). Overall, 27% (n=26) were HCV RNA detectable. Treatment uptake was 69% (18 of 26; sofosbuvir/velpatasvir, n=6; glecaprevir/pibrentasvir, n=12). Among people who initiated treatment (n=18), 50% (n=9) initiated treatment at the same visit, 39% (n=5) the next day, and 11% afterwards (n=2). The median time to treatment initiation was 1 day (range, 0-3). Reasons for not initiating treatment included loss to follow-up (n=2), no reimbursement (n=2), previous DAA treatment, inability to obtain accurate medical history, not suitable for treatment (mental health concerns), and inability to perform liver disease assessment. Two participants-initiated treatment outside the study (overall treatment uptake 77%).

Conclusions:

Point-of-care HCV RNA testing, linkage to nursing support, and peer-supported engagement/delivery led to a high HCV treatment uptake among people with recent injecting drug use attending a community-led NSP.

Disclosure of Interest Statement:

JG is a consultant/advisor and has received research grants from AbbVie, Cepheid, Gilead, and Merck outside the submitted work. GJD is a consultant/advisor and has received research grants from Merck, Gilead, and AbbVie outside the submitted work.