

“TIME TO GIVE IT AWAY” – PEER LED, SAME DAY TREATMENT FOR HEPATITIS C: A PILOT STUDY

Haddadin Y¹, Gray A^{2,3,4}, Surey J^{2,3,5}, Gibbons J², Ghosh I², Sultan B², Bryce K¹, Jessa F¹, Shah T¹, Chapman B¹, MacDonald D^{1,5}, Story A^{2,6}

¹Royal Free Hospital London NHS Foundation Trust, UK

²Find and Treat, UCLH NHS Trust, London, UK

³Institute of Global Health, University College London, UK

⁴Hospital for Tropical Diseases, University College London Hospitals, UK

⁵Universidad Autonoma Madrid, Spain

⁶Division of Medicine, Institute for Liver and Digestive Health, University College London, London, UK

⁷Collaborative Centre for Inclusion Health, University College London, UK

Background:

Hepatitis C virus (HCV) infection in high income countries disproportionately affects the inclusion health population, who are underserved by traditional healthcare systems. Advancements in point-of-care (POC) diagnostics, pan-genotypic treatment options, and the use of peer support workers (PSWs), have significantly improved progression through the cascade of care for this group. However those that remain infected are increasingly difficult to reach and further decentralisation will be required to achieve HCV elimination.

Description of model of care/intervention:

We piloted a peer-led, same-day model of care for the diagnosis and management of HCV in people experiencing homelessness in London. Point-of-care tests including oral swab HCV antibody tests, Genexpert PCR and liver elastography were conducted by a PSW as part of an outreach service. Chronic HCV infected individuals were then discussed via a virtual multi-disciplinary team meeting using a secure mobile phone messaging service. Those with no significant liver fibrosis or drug interactions were prescribed pan-genotypic regimens to facilitate same day initiation of treatment. All received peer support throughout treatment and no medical appointments in secondary care hospitals were required.

Effectiveness:

Nine patients were enrolled, with all successfully completing treatment and eight achieving SVR12. There were some technological and administrative delays but the majority had treatment dispensed within 24 hours.

Conclusion and next steps:

This model of care is effective at successfully engaging and maintaining an extremely vulnerable group on HCV treatment, who would otherwise have been at very high risk for being lost-to-follow-up. This model could be used for other diseases that can be diagnosed using POC technology using the same peer-led approach.

Disclosure of Interest Statement:

None