

RECRUITMENT AND TREATMENT OF SOCIAL-INJECTING NETWORKS IN THE TREATMENT AND PREVENTION STUDY: A REAL-WORLD SOCIAL NETWORK DESIGN COMMUNITY-BASED TRIAL OF DIRECT-ACTING ANTIVIRALS FOR HEPATITIS C AMONG PEOPLE WHO INJECT DRUGS

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Background

Treating PWID for HCV simultaneously with their peers may reduce HCV incidence through a treatment-as-prevention effect. However, little is known about the feasibility of implementing this. The Treatment and Prevention study was a real-world study of the 'treat-your-friends' approach. We aimed to identify individual and network-level predictors of recruitment of primary participants' injecting partners and describe their progression through the HCV care cascade.

Methods

At screening, primary participants were asked to nominate people they had recently injected with and refer them for enrolment as secondary participants. Primary participants also referred additional network members if they injected with them during the study period (late secondary recruits). Predictors of recruitment into the study were assessed using multilevel logistic regression, with observations grouped by primary participant.

Results

Overall, 116 primary participants nominated 176 people they had injected with in the six months prior to screening, and 34% (n=60) were recruited into the study. Relationship closeness and higher frequency of injecting together were independent predictors of recruitment. Compared to those with a nomination at screening, the late secondary recruits (n=82) had less relationship closeness with the primary participant. Treatment uptake and sustained virological response (SVR) testing was higher in HCV RNA positive primary participants (88% and 62%, respectively) than secondary participants (66% and 43%, respectively). Among those who received an SVR12 test, SVR 12 attainment was similar in primary (87%) and secondary (84%) participants.

Conclusions

Our findings suggest that people may be willing to refer their close contacts early in their treatment journey and to refer other peers once they have developed a trusting relationship with the treating clinician or service. Lower rates of treatment uptake and SVR testing among secondary participants suggest that the group recruited through the treat-your-friends approach may be a harder group to engage in care than the primary participant group.

Disclosures

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