

EVALUATION OF AN INTERVENTION DESIGNED TO INCREASE DIAGNOSIS AND TREATMENT OF PATIENTS WITH HEPATITIS-C VIRUS INFECTION IN DRUG TREATMENT SETTINGS

Harrison GI¹, [Hickman M](#)², Irving WL¹ on behalf of HepCATT Steering Committee

¹ NIHR Nottingham Digestive Diseases Biomedical Research Unit, University of Nottingham, Nottingham; ² School of Social and Community Medicine, University of Bristol, Bristol, UK

Background: The advent of directly acting antiviral therapy for chronic hepatitis C virus (HCV) infection increases the rationale for identification and treatment of infected individuals. This is not straightforward in the high-risk group of people who inject drugs (PWID) attending Specialist Community Drug Services (SCDS). The HepCATT study aimed to explore the effectiveness and cost effectiveness of a complex intervention in SCDS in increasing HCV diagnosis, referral, assessment, engagement and treatment of PWID via routine clinical pathways.

Methods: We piloted a 12 month intervention at 3 SCDS in the UK. This included appointment of a facilitator to coordinate a range of activities aimed at increasing diagnosis and enhancing patient referral including staff and patient educational initiatives, enhancement of peer support teams, introduction of dried blood spot testing, and integration of HCV assessment and treatment where possible with opiate substitution therapy. Five sites not chosen as intervention sites acted as controls. The primary endpoint was clinical engagement with therapy, defined as patient had completed 1) investigations including viral load and genotype 2) assessment of liver disease stage by fibroscan, serum fibrosis markers or biopsy and 3) a consultation regarding their treatment options. A health economics analysis will also be carried out.

Results: Data showed between ~3 & 10 fold increases in referral rates, and ~3 & 18 fold increases in attendance and levels of treatment engagement at all sites. Control sites changed little from baseline levels. The effective components of the facilitator-mediated intervention, reasons for patient drop-out at all points along the care pathway, and the cost-effectiveness analysis will be presented.

Conclusion: The introduction of nurse facilitators within drug treatment settings increases testing and patient referrals and can lead to significant increases in engagement and treatment of PWID within routine clinical care pathways.

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