

COST-SAVING OF INTEGRATING HCV TESTING INTO HIV TESTING PROGRAMS FOR PWID USING RESPONDENT-DRIVEN RECRUITMENT

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Background:

To eliminate HCV, it has been suggested that 90% of persons with chronic HCV should be diagnosed and 80% treated. Network-based strategies have been advocated to identify HIV-infected PWID not engaged in HIV care. We evaluated the cost savings of incorporating HCV testing into a large respondent-driven sampling (RDS)-based HIV-focused serosurvey.

Methods:

Between 9/12-12/13, we recruited PWID across 15 cities in India through RDS. We estimated costs by summing up cost associated with (1) day-to-day operations (rent, staffing, electricity); (2) RDS implementation (incentives for referral); and (3) market pricing for tests (HIV and HCV antibody, HIV RNA) and excluded research costs (investigator salaries and travel). Cost per HIV-infected viremic PWID was estimated by dividing the total site costs by the number of HIV viremic PWID at the site. Additional cost of identifying an unaware HCV-infected PWID divided the cost of HCV testing by the number of unaware HCV-infected PWID at each site.

Results:

From 31 seeds recruiting 14,450 individuals, RDS identified 2,906 HIV and 5,777 HCV-infected PWID over a median 135 days (range: 55 – 200). 2,104 (72%) were HIV viremic and 5,355 (93%) were unaware of their HCV infection (self-report). The median site cost per HIV viremic PWID identified was USD 233 (range: 117 – 820). The additional cost to identify one unaware HCV-infected PWID was USD 11 (Site Range: 7 – 140). If the HCV program were stand-alone, the median site cost per unaware HCV-infected PWID would have been USD 50 (Site Range: 27 – 549). Disease prevalence and recruitment speed predicted cost.

Conclusions:

Respondent-driven recruitment is an efficient way to identify hard-to-reach HCV-infected PWID with transmission potential, particularly in communities with high burden, poor access and strong interconnectedness. Incorporating HCV testing into HIV testing programs will yield tremendous cost-savings with substantial public health benefit.

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