

## **LINKING PWUD, PEOPLE WHO USE DRUGS, INTO HEPATITIS C CARE**

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### **Background:**

In Quebec, 63% of HCV (hepatitis C virus) cases are among PWUD. Access to testing and care is particularly difficult because of the different stigmas against this population. In 2014, 14.8% of PWUD had access to a treatment.

### **Methods:**

Between 2014 and 2016, we reached PWUD by 1: offering HCV-HIV-STBBI education and testing activities in rehabilitation centers. 2: promoting word of mouth from patient-to-patient. Tests were free, anonymous, included all STIBBI and free vaccination. HCV patients were linked whether they had Medicare or not and engaged in weekly treatment with holistic care and a harm reduction approaches. The data analyzed comes from 822 PWUD that were reached out from rehab centers and another 172 PWUD who followed the HCV treatment.

### **Results:**

Most referrals were from patient-to-patient (28%) or from rehab centers (45%). Tests showed no immunity to VHA (62%) and VHB (33%) despite a free national vaccination program. HCV prevalence in rehabilitation center was of 5.2%. All HVC PWUD engaged in treatment they had if access to it; 18% had never been offered a treatment in the past. 86% of patients who did a treatment were cured from HCV. Only 5% did not complete the whole treatment and 5% did not show up for a final assessment once the treatment was completed. 90% of patients remain linked to the clinic 6 months after completing treatment. Only 3 reinfections occurred.

### **Conclusion:**

In a welcoming and flexible environment, PWUD engage easily in care and are observant. PWUD are an effective means to reach out to others. Rehabilitation centers provide an easy access to a renewable pool of people infected or at risk. Of all PWUD living with HCV, 37% did not meet treatment reimbursement standards. HCV education and prevention reduced reinfection even with DAA. Therefore, treatment should available to all PWUD.

**Disclosure of interest statement:** Gilead