

HCV CURE RATES AMONG PEOPLE WHO INJECT DRUGS NOT ON MEDICAL ASSISTED TREATMENT IN AN AMERICAN INDIAN/ALASKAN NATIVE POPULATION

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Background:

Hepatitis C virus (HCV) infection is common among people who inject drugs (PWID). Direct acting antivirals (DAA) allow safe and effective HCV treatment with high rates of sustained virologic response (SVR) in real world settings. Recent publications show similar SVR rates in PWID who are engaged in medication assisted therapy (MAT), but there is very limited data with DAA therapy on SVR rates in those PWID who are not established in MAT. The purpose of this study is to evaluate SVR rates among PWID in an American Indian/Alaskan Native (AI/AN) population who were not receiving MAT at the time of HCV treatment.

Methods:

Data was collected retrospectively by a review of the medical records of 434 consecutive patients who underwent HCV treatment from November 2015 through October 2017 at Cherokee Nation Health Services. If a patient had injected drugs in the 6 months prior to HCV treatment initiation, they were categorized as PWID. Demographics, including age and sex, were collected, as well as SVR at 12 weeks after treatment discontinuation (SVR12).

Results:

Of the 434 patients, 58 (13.4%) were active PWID. SVR data was available in 47 patients and was achieved in 45 (96%), 10 were lost to follow up, 2 relapsed, and 1 did not complete treatment. In the 376 patients who were not categorized as PWID, SVR12 data was available in 320, of which 311 (97.2%) achieved SVR12 and 9 (2.8%) relapsed.

Conclusion:

To our knowledge, this is the first data in an AI/AN population which explores HCV SVR12 rates among PWID, who are not receiving MAT, in a real world setting. SVR12 rates in this subgroup are similar to those found in the comparison group, 96% and 97% respectively. This information supports the treatment of PWID irrespective of their access to MAT services.

Disclosure of Interest Statement:

Jorge Mera has received honorarium for Hepatitis C Elimination lectures from Gilead Pharmaceuticals. The Cherokee Nation receives grant funding from Gilead Foundation for its Hepatitis C Elimination Program. Whitney Essex has no personal actual or potential conflicts of interest to disclose.