

FROM TREATMENT INITIATION TO CURE: MOVEMENT ALONG THE HCV CARE CASCADE AMONG HOMELESS AND UNSTABLY HOUSED INDIVIDUALS WHO INJECT DRUGS

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Background:

Globally, homelessness and unstable housing are associated with worse outcomes throughout the hepatitis C (HCV) care cascade. Though we have previously described high levels of sustained virologic response (SVR) achievement among this population in our HCV treatment program at Boston Health Care for the Homeless Program (BHCHP), there may be characteristics or certain patient phenotypes that require more intensive or particular support to be retained in care from treatment initiation to cure.

Methods:

An analysis of the factors associated with retention through the interim steps of the HCV treatment cascade was conducted as part of a retrospective cohort study assessing treatment outcomes for all individuals who initiated treatment with the BHCHP HCV program between January 2014 and March 2020. Outcomes included treatment completion, SVR12 assessment, and achievement of SVR.

Results:

Although high levels of success across the cascade have been described in our cohort, multiple variables emerged as significant predictors of worse outcomes along the cascade.

Variables associated with becoming lost to follow up at each step of the continuum include age less than 45, being literally homeless or in a transitional or residential facility at the time of HCV intake, and self-reporting illicit substance use in the past 6 months. Additionally, being literally homeless or unstably housed at any point within one year of HCV team intake was also associated with falling out of care at each of the three outcomes.

Lastly, those referred to the HCV team from external institutions, or those who self-referred into care, were less likely to be tested for SVR at least 12 weeks after treatment completion.

Conclusion:

Individuals with recent substance use and recent experiences with unstable housing or homelessness appear especially vulnerable to becoming lost to follow up at every step along the treatment cascade and require additional and more tailored support.

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