

RECRUITMENT AND FOLLOW-UP OF PEOPLE WHO INJECT DRUGS INTO A NURSE-LED HCV TREATMENT TRIAL

Von Bibra S¹, Doyle JS^{1,2,3}, Dietze PM^{1,5}, Desmond P^{3,4}, Stoove M^{1,5}, McBryde E^{1,3}, Higgs P¹, Bryant M², Thompson AJ^{3,4*}, Hellard ME^{1,2,5*}

¹Centre for Population Health, Burnet Institute; ²Department of Infectious Diseases, Alfred Health; ³Department of Medicine, University of Melbourne; ⁴Department of Gastroenterology, St Vincent's Health; ⁵School of Population Health and Preventive Medicine, Monash University; Melbourne Australia. *Contributed equally

Background: The Hepatitis C Treatment and Prevention (TAP) Study is the first real-world community-based trial to explore a network-based approach to treat people who inject drugs (PWID) and their partners, and measure its impact on HCV prevalence and incidence. The TAP Study uses a nurse-led model of care that has potential to substantially increase treatment uptake among people at high-risk of transmitting HCV.

Methods: Active PWID with their injecting partners are recruited from community settings in Melbourne. Participants are randomly allocated to ledipasvir/sofosbuvir±ribavirin treatment alone or concurrent with their injecting partners. Study nurses perform pre-treatment assessment (including elastography), manage therapy and follow-up participants using a mobile clinic van. The primary outcomes are feasibility of delivering nurse-led care (measured by SVR12) and HCV incidence. For this analysis, we report baseline characteristics and describe the first 12 months of nurse-led recruitment experience.

Results: More than 180 individuals have been screened and 120 participants recruited to date. Median age of participants is 36 years (range 24–58) and 71% are male. Participants report a median of two injecting partners (IQR 1–3), median duration of injecting of 20 years (IQR 15–27) and current opiate substitution therapy use among 39%. This cohort would be traditionally difficult to engage in clinical care: 81% are unemployed, 24% have unstable accommodation or are homeless, 52% have been incarcerated, and 13% completed secondary education. Some of these challenges are overcome by delivery of treatment through mobile community sites, flexible scheduling of visits and the use of fieldworkers and peer support.

Conclusions: A flexible, nurse-led model of care may be able to overcome some of the barriers associated with engaging PWID in care and treatment. Since HCV transmission is driven by PWID who are frequently not engaged in care, nurse-led care may be important in eliminating HCV transmission.

Disclosure of interest statement: The TAP Study is an investigator-initiated study supported by a research grant from Gilead Sciences