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Hepatitis C Treatment as a Complement to Syringe Service Programs: Pilot Progress and Pathways Forward

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Introduction

- Hepatitis C (HCV) poses a significant chronic infectious disease threat in the United States
- People who inject drugs (PWID) are at elevated risk of HCV
- We implemented a program to provide low-barrier services for high-risk PWID, coupling harm reduction with clinical care including HCV treatment

Aim: Evaluate progress of pilot program and identify challenges to successful completion of treatment with viral response

Methods

- In 2018, the University of Illinois at Chicago established a street outreach and harm reduction program to deliver comprehensive care to PWID in underserved Chicago neighborhoods
- Services included syringe services and HCV treatment
- Study population: harm reduction clients who sought HCV care from 09/2018 - 01/2021
- Design: retrospective cohort study
- Outcomes:
 - Patient demographics
 - Proportion prescribed and initiated on HCV treatment
 - Proportion with undetectable HCV RNA at:
 - Treatment week 4
 - End of treatment
 - 12 weeks post-treatment (sustained viral response [SVR])

Results

Table 1: Baseline characteristics	Total (N=67)
Demographics	
Male sex	45 (67%)
Median age, years (IQR)	45 (35-57)
Black	22 (33%)
Hispanic	11 (16%)
Current or former drug use	66 (99%)
Injection drug use	62 (93%)
Transactional sex	3 (4%)
Unstable or transitional housing, or undomiciled	36 (54%)
Unemployed	22 (33%)
Incarceration within past year	19 (28%)
Clinical characteristics	
HIV	2 (3%)
Psychiatric illness	30 (45%)
Prescribed psychiatric medication	10 (33%)

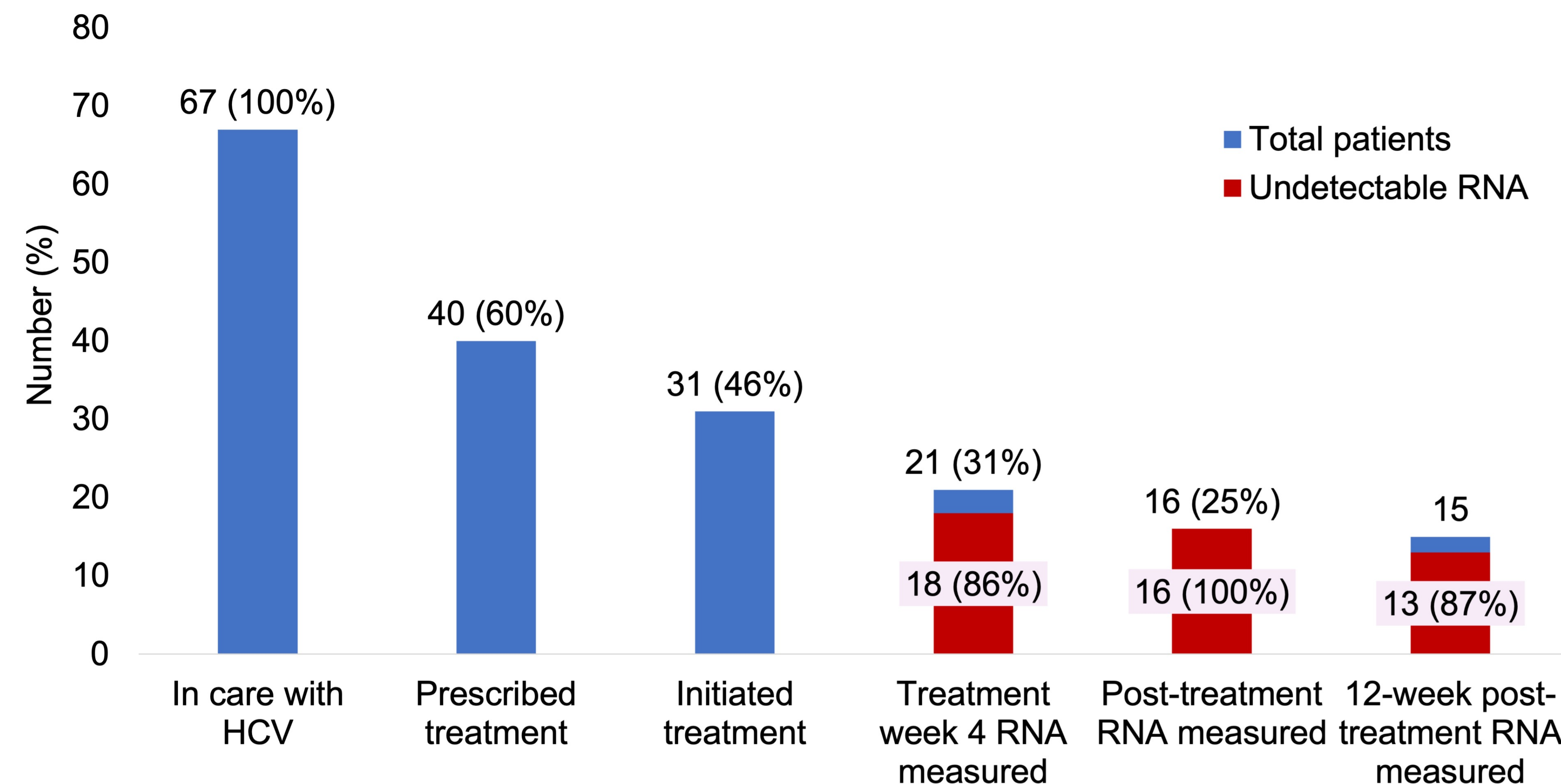
Table 2: Characteristics of patients initiating HCV treatment	Total (N=31)
HCV Genotype	
1A	23 (74%)
1B	2 (7%)
2B	1 (3%)
3	5 (16%)
Previous HCV treatment	0 (0%)
Median pre-treatment viral load (IQR)	822,460 (587,096 - 2,159,654)
Fibrosis or steatosis	
	5 (16%)
DAA prescription	
glecaprevir/pibrentasvir	19 (61%)
sofosbuvir/velpatasvir	11 (36%)
elbasvir-grazoprevir	1 (3%)

- Among 67 patients seeking HCV care, 31 (46%) initiated treatment
- At 12 weeks post-treatment, 15 patients completed RNA measurement, with 13 (87%) achieving SVR
 - Among the 2 patients without SVR:
 - 1 reported full adherence to treatment
 - 1 missed 4 weeks due to incarceration

Conclusion

- This comprehensive program offering syringe services and HCV care successfully reached PWID in an underserved area before and during the pandemic
- Losses along the HCV treatment cascade were high, however among those who remained in care SVR rate was high, nearly 90%
- Future work is needed to identify factors associated with treatment completion and adherence.
- Long-term follow-up of patients is needed, both those who initiate and do not initiate treatment

Figure 1: HCV Treatment Cascade



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