

SUCCESSFUL MODEL OF TESTING AND LINKING PEOPLE WHO INJECT DRUGS (PWID) TO TREATMENT USING DIRECT ACTING ANTIVIRALS.

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Background: In Manipur, PWID have extreme difficulties in accessing HCV testing, diagnosis and treatment in spite of prevalence of 98%. Understanding among PWID on HCV is low as no program addresses HCV. There is increased HCV related mortality among PWID living with HIV.

Methods: CoNE advocated with the Department of Health to conduct HCV screening among PWID and general clinic attendees. Camps were conducted at 9 district hospitals. Government contributed infrastructure, manpower and blood storage facilities while the network mobilized PWID as well as clinic attendees. PCR test were conducted on the positive samples by Indian Council of Medical Research. Liver assessment was conducted using Fibroscan. People who were willing to be on treatment, were linked to treatment using direct acting antivirals.

Results: 1011 participants from PWID, general clinic attendees tested for HCV. 494 tested positive on antibody. 463 were confirmed to have chronic infection with PCR RNA test. Out of the 463, 230 came forward for liver assessment through FibroScan. 89 of the participants were categorized as F1, 58 as F2, 30 as F3 and 53 as F4. After post-test counselling, as direct-acting antivirals (DAAs) were not available in 2014, 3 people initiated treatment with pegylated interferon with ribavirin therapy with partial support from government. Through March, 35 more patients initiated treatment with DAAs. Advocacy work is going on to include DAAs in the drug lists of state health scheme which will allow reimbursement to PWIDs and disadvantaged groups.

Conclusion: PWID networks can effectively mobilize people for testing and linking to treatment. They are also best positioned to support peers to understand the infection, provide care, treatment education and allow people to take an informed decision on treatment. They can effectively also negotiate with physicians and companies for price reduction which has real time impact at individual patient level.

Disclosure of Interest Statement: Nil