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Use of contingency management incentives to improve completion of Hepatitis B vaccination in people undergoing treatment for heroin dependence: A cluster randomized trial

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Background: Poor adherence to treatment diminishes its individual and public health benefit. Financial incentives, provided on the condition of treatment attendance, could address this problem. Injecting drug users are a high-risk group for hepatitis B virus (HBV) infection and transmission, but adherence to vaccination program is poor. We aimed to assess whether contingency management delivered in routine clinical practice increased the completion of HBV vaccination in individuals receiving opioid substitution therapy.

Methods: In our cluster randomised controlled trial, we enrolled participants at 12 National Health Service drug treatment services in the UK that provided opioid substitution therapy and nurse-led HBV vaccination with a super accelerated schedule (vaccination days 0, 7, and 21). Clusters were randomly allocated 1:1:1 to provide vaccination without incentive (treatment as usual), with fixed value contingency management (three £10 vouchers), or escalating value contingency management (£5, £10, and £15 vouchers). Both contingency management schedules rewarded on-time attendance at appointments. The primary outcome was completion of clinically appropriate HBV vaccination within 28 days. We also did sensitivity analyses that examined vaccination completion with full adherence to appointment times and within a 3 month window. The trial is registered with Current Controlled Trials, number ISRCTN72794493.

Findings: Between March 16, 2011, and April 26, 2012, we enrolled 210 eligible participants. Compared with six (9%) of 67 participants treated as usual, 35 (45%) of 78 participants in the fixed value contingency management group met the primary outcome measure (odds ratio 12.1, 95% CI 3.7-39.9; $p < 0.0001$), as did 32 (49%) of 65 participants in the escalating value contingency management group (14.0, 4.2-46.2; $p < 0.0001$). These differences remained significant with sensitivity analyses.

Interpretation: Modest financial incentives delivered in routine clinical practice significantly improve adherence to and completion of HBV vaccination programs in patients receiving opioid substitution therapy. Achievement of this improvement in routine clinical practice should now prompt actual implementation. Drug treatment providers should employ contingency management to promote adherence to vaccination programs. The effectiveness of routine use of contingency management to achieve long-term behaviour change remains unknown.

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Innovating liver advocacy

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Despite the prevalence of viral hepatitis approaching half a billion people around the world and both, the rising death rates and transformative treatments of these conditions have not been prioritized accordingly on the global public health agenda. This presentation will speak a new model for multi-stakeholder innovation and collaboration to build and scale capacity and effectiveness of liver advocacy organizations, including better use of technology, borrowing lessons from other disease areas and social entrepreneurship.

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