

“Fibroscan Days” as a Tool to Patient Engagement in the Cascade of Care for Hepatitis C (HCV)

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Approximately 13% of all CUPS patients are HCV positive.



Background:

An estimated 0.8% of the Canadian population has chronic HCV. CUPS, an inner-city community health centre, delivers care to people at risk of infection due to past or present drug injection drug use through an on-site multi-disciplinary HCV clinic. HCV serology is routinely offered to all patients presenting to CUPS for any type of care. Approximately 13 % of all HCV serology submitted in the past two years has been positive, however the population prevalence is higher. It was postulated that bringing a fibroscan machine to the CUPS site and advertising to the shelters and partner agencies would increase awareness of liver health and HCV, resulting in identifying new infections and increasing access to care.

Methods:

In collaboration with Gilead, a “Fibroscan Day” was planned. Word of mouth and posters were used to attract clients who were not usually part of the HCV program. Education, fibroscan, serology, and vaccinations were offered, along with refreshments. Due to the success, two more “Fibroscan Days” were held.

Results:

On the first Fibroscan Day in 2014, 67 people were seen. Thirty-one (46%) were known to have HCV. Ten (32% of HCV positives) had not previously accessed care through the CUPS HCV clinic. One new HIV diagnosis was made.

A second Fibroscan Day occurred 10 months later, with 60 participants. Forty-one (68%) had HCV, with one new diagnosis made. Twelve (29%) were no longer viremic. Of the 13 identified as treatment eligible, 8 are currently pursuing therapy. Two others are HIV /HCV coinfecting and followed up elsewhere.

The third Fibroscan Day was aimed at people currently in the process of evaluation for treatment. Twenty-five of the 27 people (93%) were HCV positive.

Our public medication payer (Alberta Blue Cross) started coverage for the direct acting antiviral (DAA) agents on April 1, 2015. Treatment is funded if a person’s liver fibrosis is stage 2 or higher ($\geq F2$) and is PCR positive. Thus, some people could not be “treated” despite wishing to be. However, they are offered education, support, and vaccinations, as treatment consists of much more than medications.

Conclusion:

Bringing the fibroscan machine to our inner city health centre resulted in improved access to diagnosis and bridging to care. We are planning to make this a regular feature of our HCV program as an outreach tool and to engage people in the cascade of care.

	May 2014	March 2015	June 2015
Number Scanned	67	60	27
Average Age (Years)	47.5	47.2	47.2
Percent Male	70	70	63
Fibroscan Average (Range)	7.6 (2.6 - 69.1)	8.0 (2.4 -75.0)	7.5 (2.9 - 20.4)
HCV Antibody Positive (AB +)	31 (46%)	41 (68%)	25 (93%)
PCR Negative / HCV AB +	9 (29%)	12 (29%)	1 (4%)
PCR Positive / HCV AB +	22 (71%)	29 (71%)	24 (96%)
Never Treated	19 (61%)	27 (66%)	17 (68%)
Meet Criteria for Public Funding $\geq F2$ & PCR +	9 (41%)	13 (45%)	14 (56%)
Now Treated	3	5	7
Pursuing Treatment	3	3	4
Lost	2	3	3
Followed Elsewhere	1	2	-



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