EFFICACY OF HCV INFECTION-TREATMENT USING A "GO-TO-THE-PATIENT" ACTION AMONG PATIENTS NOT ATTENDING STANDARD MEDICAL CARE CENTERS WITH ACTIVE/ SUBSTITUTED DRUG/ALCOHOL ADDICTION AND/OR HIGH SOCIAL PRECARIOUSNESS

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BACKGROUND

Complete eradication of HCV infection has become a significant challenge with the availability of very efficient pangenotypic oral treatments with new direct antiviral agents (DAA). To reach this goal, it is important to detect and treat the population with the highest prevalence of HCV infection (active/substituted drug users, psychiatric patients, migrants, highly precarious and homeless subjects, who are not attending classical medical care centers.

AIM AND METHODS

In order to encounter these highly exposed patients mostly present in care centers for addiction, centers of risk reduction for viral transmission, social housing, associations for food distribution, centers for homeless people, we used advanced consultations based on a "go-to-the-patient" action to detect and treat HCV infection and assess potential liver injury.

The mobile « go-to-the-patient » team comprised a nurse and a physician with the following tools :
- Detection of HCV infection: HCV quick detection tests , dry blood tests and serum samples when possible.
- Liver evaluation was performed using a portable elastography device (Fibroscan®) measuring liver stiffness and serum samples when possible.
- An anonymous questionnaire was distributed to evaluate alcohol/drug addiction and social situation.

RESULTS : Characteristics of the patients

During a one-year-action study, 62 patients were detected with positive HCV RNA serum samples.

Patient profile:
Age varied from 29 to 67 years with median 40 years.
Sex ratio male/female was 78.8%/21.2%.
60 patients were mono-infected by HCV.
Two patients were co-infected HCV-HIV.
There was no HBV-HCV
Social situation : social security was provided in 89% of cases. There was income in 9%, a social support in 69%, and no income in 22%.

Figure 1: Numeric distribution of fibrosis level

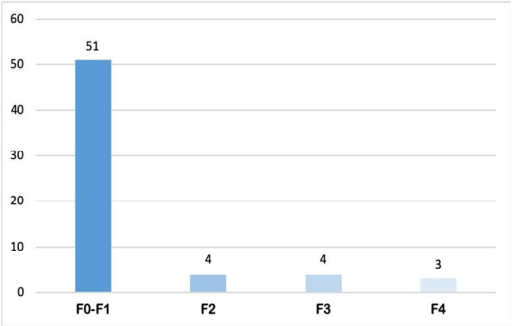


Figure 2: Distribution of HCV genotype

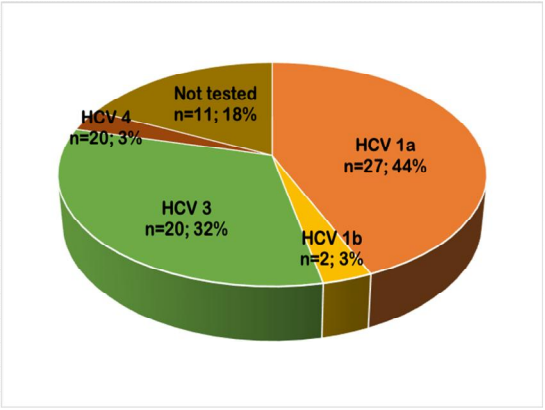
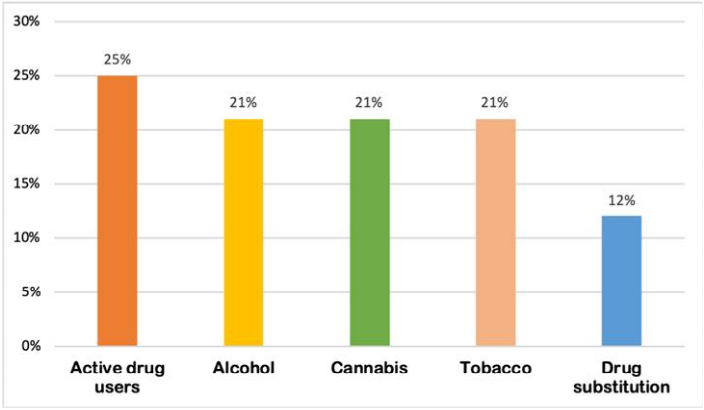


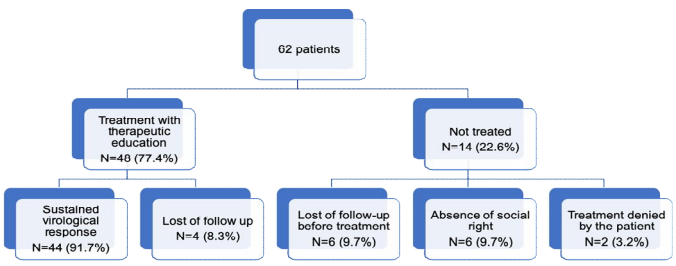
Figure 3: Profile of addictions and substitution



RESULTS : Treatment and viral response

48 of the 62 patients have been treated (61,8%).
Among theses 48 patients, 44 (91.7%) reached a sustained virologic response definied as serum HVC RNA not detectable at least > 12 weeks post-treatment.
4 of the 48 patients (8.3%) were lost of follow-up.
There was no case with virological relapse.
DAA treatment was very well tolerated.
No drug interaction with addictive/substitution substances was recorded.
There was no treatment initiation in 14 patients (23.6%) due to :
- loss of follow-up n=6 (9.7%)
- absence of social rights n=6 (9.7%)
- treatment declined by the patient n=2 (3.2%).

Figure 4: Treatment and viral response



CONCLUSION

These results indicate a high rate of viral eradication and encourage increased HCV detection and treatment using an advanced consultation based on a "go-to-the-patient" action in these difficult-to-treat patients with frequent HCV infection not attending standard medical care centers.