

A community based model of PEER led anonymous rapid Hepatitis C testing for PWID in Mauritius.

Author & Presenter: Manbode Nicolas

Co-authors : Dr Mohabeer Hart Malika,
Bundhoo Nudhar,
Vencatasamy Seeroven,
Ritter Nicolas.

Institutions : PILS
Prevention Information et Lutte contre le SIDA



Background/aims

- ⦿ Based on the IBBS among PWID done in 2013, with a sample of 727 individuals. **96.5%** were tested positive for Hep C, while among HIV positive PWID, **99.7%** were also tested positive for Hep C.
- ⦿ This study & results published by the govt encouraged PILS to develop a new HCV screening service, to better reach PWID and other key pop affected by HIV/HCV.
- ⦿ Before 2016, The Ministry of health were offering tests at laboratory level only for pregnant woman, blood donors & PWID registering for Methadone.
- ⦿ “Results are not always disseminated systematically to PWID living with Hep C when they registered for MST.” While those co-infected can easily have the confirmation result when attending treatment centre for HIV.

Methods & Services provided

- In 2016 PILS started a free rapid Hepatitis C screening at its nurse led clinic & other services offered are: Testing, counselling and referral to specialists, mainly for PWID, but not limited too.
- In 2017 we started with a peer-led outreach rapid screening programme to expand access to PWID, we visited methadone distribution sites to offer tests, but “not just to those registered on MST” we targeted also the local network, IDU visiting needles exchange program “fixed sites” and other hot spots across Mauritius.
- Counselling sessions are carried out on a regularly basis with PWID on risk reduction, treatment information and a leg-ulcer clinic was established at PILS to help PWID access primary care for non healing ulcers, a recognised and common problem affecting a huge number of PWID in Mauritius.
- Jan 2017 – Jan 2018 we conducted 295 HCV tests among PWID using different strategies cited above, with a positive rate of 73% (216).

Conclusions/implications

- Actually we are providing counselling, risk-reduction advices, treatment information to hundreds of PWID, and a leg-ulcer clinic for population affected with HIV and or Hep C. Treatment are available only for those who can afford Hepatitis C genotyping - a discriminatory barrier to access treatment within an existing welfare system which meant to fund universal free healthcare.
- Implications & research: Advocacy and service expansion are two of our current focus as an civil society organisation. In collaboration with MauNPUD. “Mauritian Network of People who Use Drugs” we are mobilizing peers to designed & implement a clear advocacy plan, mainly those already tested positive.
 - Community models of care and support for PLWHCV.
 - Model of care including community viral load testing for HCV, confirmation using innovative technologies like point-of-care viral load testing, e.g: Cepheid GeneXpert – we currently applied for funding for this technology.
 - Using pan genotypic treatment in resource limited countries.
 - Using Hepatitis C antigen for treatment monitoring in resource-limited settings.

Acknowledgements/sources

- Data's from the IBBS (Integrated Biological & Behavioral Study) results 2013.
- Programmatic mapping & size estimation of key populations in Mauritius, Sep 2014.
- Second line data's on Hepatitis C rapid screening. PILS database 2017.

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Dr Malika Mohabeer Hart & Nudhar Bundhoo.

