

REACHING OUT TO THE UNDIAGNOSED PEOPLE WITH HEPATITIS C INFECTION IN BELGIUM

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Background: Targeted screening for hepatitis C virus (HCV) infection is not yet widely executed in Belgium. When performed in people who inject drugs (PWID), it is mostly focussed on PWID receiving opiate substitution therapy (OST). Young opiate injectors and amphetamine injectors are often forgotten and isolated from care. Therefore, we want to outreach to PWID who avoid drug treatment centers and to use the screening for HCV as a bridge to re-integration into the health care system.

Description of model of care/intervention: In a multicentric, prospective, cohort study in the northern part of Belgium, participants were recruited by outreaching at organized screening events outside an OST centre, using a mobile home between September 2018 and April 2019. The participants (>18y and PWID) were tested by finger prick for HCV antibodies (Ab) using the Oraquick® test. A blood sample was taken if the finger prick test was positive.

Effectiveness: A total of 111 PWID were screened for HCV Ab in a time span of six months. Of all PWID, 84 (75.7%) had ever injected heroin and 56 (50.5%) amphetamines. Twenty-eight (33.3%) heroin users and 27 (48.2%) amphetamine users had injected during the last six months. Mean age of all screened PWID was 45±8.9 years. The finger prick test was positive in 46 (41.4%) PWID. A total of 25 (54.3%) were found HCV RNA positive after blood analysis. One (4.0%) participant was HCV-HIV coinfecting. Of the HCV RNA positives 17 (68.0%) were genotyped of whom seven (41.2%) had genotype 1a, two (11.8%) 1b, one (5.9%) 2b, five (29.4%) 3a and two (11.8%) 4a/c/d.

Conclusion and next steps: This HCV outreach screening method reaches effectively an up to now non served group of actively using PWID who inject moreover amphetamines in almost half of the cases. Our next steps consist of extending the program, analyzing cost-effectiveness and evaluating linkage to care to HCV therapy.

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