

IMPROVING HCV SCREENING ADHERENCE IN AN EXCLUDED POPULATION

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Background: It is widely established that a main risk factor for transmission of infectious diseases such as HCV is sharing drug use material, which makes people who inject drugs (PWID) a main risk group for HCV infection and its dissemination. Harm reduction programs are considered an effective mean to reach these individuals. This proposal aims to increase HCV screening rate and linkage to care among PWID from the mobile outreach program (MOP), which is the largest harm reduction program in Lisbon, Portugal.

Description of model of care/intervention: MOP is based on mobile units for medical and psychosocial care reaching about 1200 drug users per day. In this novel model of care, patients were screened in the mobile units which offer a point of care for HCV. Nurses screened individuals for HCV with in-vitro diagnostic rapid tests. Confirmation of RNA was immediately done to positive cases at screening through Cepheid GeneXpert HCV viral load at this point of care. Positive RNA cases were referred to treatment without the necessity of patients going to hospital.

Effectiveness: Previous data from 2015 reveal that only 10% (30 from a total 307 patients) completed treatment for HCV. In this novel model of care, from a total of 85 RNA performed tests, 44 were positive and 41 were negative. From 44 RNA positive tests, 31 patients (70%) were referred to HCV treatment without going to hospital, which reveal a higher percentage of patients linked to care when compared to a previous decentralized model.

Conclusion and next steps: Centralizing care provided in field through mobile units have contributed to link to care excluded patients. More importantly, this reveals that 85 patients did not need to go to hospital for RNA testing. Additionally, 41 patients who tested negative did not have to perform other exams in hospital which reduces all type of costs associated to treating HCV.

Disclosure of Interest Statement: Nothing to declare.