

A new model of care for HCV elimination in PWUD in the Balearic Islands, Spain

Herranz A¹, Vidal M², Pol M³, Martorell M³, Alonso JM³, Morey A⁴, Agius A⁴, Ramos B⁴, De Cien N⁵, Oliver A⁵, Roselló M⁵, Lloves M⁶, Soria N⁶, Serra J⁷, Velasco S⁸, García E⁸, Estapé R⁸, Cuasema I⁹, Moreno V¹⁰, Picchio CA¹, Buti M^{11,12}, Vilella À¹³, Lazarus JV¹

1. Barcelona Institute for Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Barcelona, Spain. 2. Unitat de Conductes Addictives Manacor (IMAS), Mallorca, Spain. 3. Unitat de Conductes Addictives Inca (IMAS), Mallorca, Spain. 4. Unitat de Conductes Addictives 1 (IBSalut), Mallorca, Spain. 5. Unitat de Conductes Addictives Palma Perifèria (IMAS), Mallorca, Spain. 6. Unitat de Conductes Addictives Eivissa (Consell d'Eivissa), Eivissa, Spain. 7. Unitat de Conductes Addictives 3 (IBSalut), Mallorca, Spain. 8. Unitat de Conductes Addictives 2 (IBSalut), Mallorca, Spain. 9. Unitat de Conductes Addictives Migjorn/Calvià (IMAS), Mallorca, Spain. 10. Unitat de Conductes Addictives 4 (IBSalut), Mallorca, Spain. 11. Department of Internal Medicine, Hospital Universitari Vall d'Hebron, Barcelona, Spain. 12. CIBERhd, Instituto de Salud Carlos III, Madrid, Spain. 13. Department of Gastroenterology, Son Llàtzer Hospital, Mallorca, Spain.

Background

To reach the 2030 hepatitis C virus (HCV) elimination goal set by the World Health Organization, a new model of care with simplified pathways for people who use drugs (PWUD) attending addiction services centres on the Balearic Islands, Spain, has been implemented since April 2021.

Description of HCV model of care/intervention

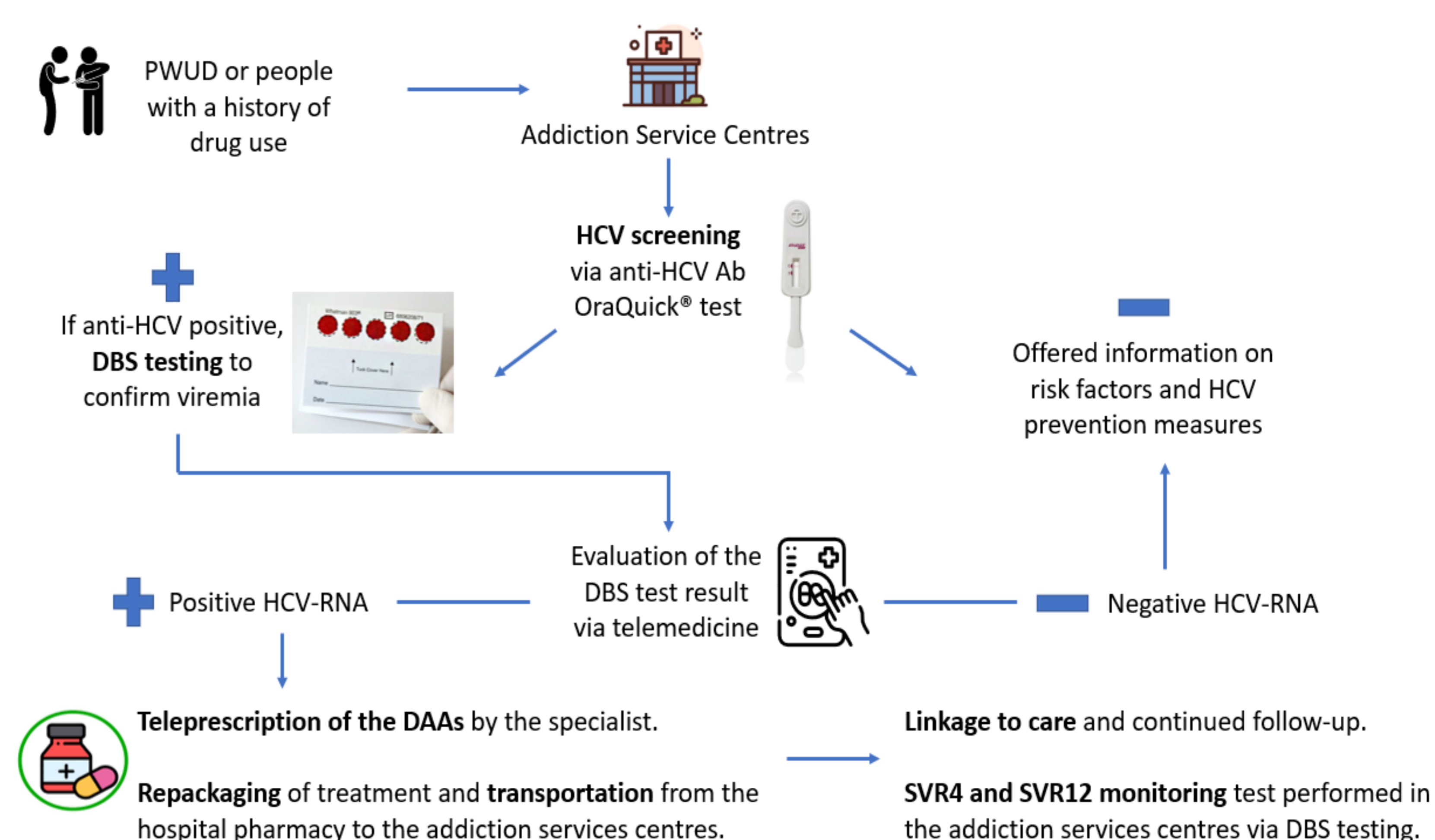
The model (Figure) has been implemented in the 17 addiction services centres serving the Balearic Islands and consists of four phases: 1) recruitment and HCV screening onsite via anti-HCV antibody testing (Oraquick®) and a dried blood spot (DBS) testing to confirm viremia (HCV-RNA); 2) treatment prescription via telemedicine and repackaging to facilitate its dispensing in the centres; 3) linkage to specialist care through new communication channels between professionals from the addiction services centres and hospitals; and 4) monitoring onsite via DBS of sustained virological response (SVR) at 4 and 12 weeks after treatment completion.

Effectiveness

Of the 1027 recruited patients:

- 340 (33%) were anti-HCV+ and 124 (12%) of them were HCV-RNA+.
- Of those HCV-RNA+ (mean age 46.8 [SD: 8.81]) 91 (73%) were men, 106 (85%) were Spanish-born and:
 - 112 (90%) reported a previous HCV diagnosis.
 - 25 (20%) reported previous HCV treatment.
 - 22 (18%) had an HIV co-infection.
 - 106 (85%) have started treatment, 18 (15%) are pending its initiation and 84 (68%) have completed it.
 - SVR4 and SVR12 monitoring tests were performed in 60 (71%) and 45 (54%) patients who completed treatment.
 - 95% (n=57) and 93% (n=42) of the SVR4 and SVR12 monitoring tests showed undetectable HCV-RNA, respectively.
- Seven (0.7%) patients abandoned the project.

Figure. HCV model of care for PWUD in the Balearic Islands



Abbreviations: Ab, antibody; DAA, direct-acting antivirals; DBS, dried blood spot; HCV, hepatitis C virus; PWUD, people who use drugs; SVR, sustained viral response.

Conclusion and next steps

Decentralising HCV diagnosis, prescription, and treatment dispensing make it easier for PWUD attending addiction services centres to complete the HCV care cascade and achieve SVR. Strategies which simplify the cascade for PWUD are effective in helping eliminate HCV in this key population. The next steps include continuing participant recruitment, treatment and monitoring.

Acknowledgements

The authors acknowledge Gilead Sciences for funding this study and all participants and staff involved in its implementation.

Contact information

Professor Jeffrey V Lazarus Jeffrey.Lazarus@ISGlobal.org
Barcelona Institute for Global Health (ISGlobal), Hospital Clínic,
University of Barcelona, Spain