

Major X<sup>1,2</sup>, Martín B<sup>3</sup>, Torres ML<sup>2</sup>, De Miguel J<sup>3</sup>, Colom J<sup>1,2</sup>

<sup>1</sup> Program on Substance Abuse, Public Health Agency of Catalonia, Barcelona, Spain  
<sup>2</sup> Program on HIV, STIs and Viral Hepatitis (PCAVIHV), Public Health Agency of Catalonia, Barcelona, Spain,  
<sup>3</sup> Red Cross, Catalonia, Barcelona, Spain.



Subdirecció General d'Addiccions, VIH, ITS i Hepatitis Viriques

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## INTRODUCTION

- People who use drugs (PUD): High prevalence of HCV + difficulties in accessing HCV diagnosis and treatment
- Standard circuit = Increased time, visits and loss of follow-up

**Simplify and make more accessible diagnostic, referral and treatment pathways between DAC (drug addiction care centers) and hospitals = greater acceptance of diagnosis and treatment**

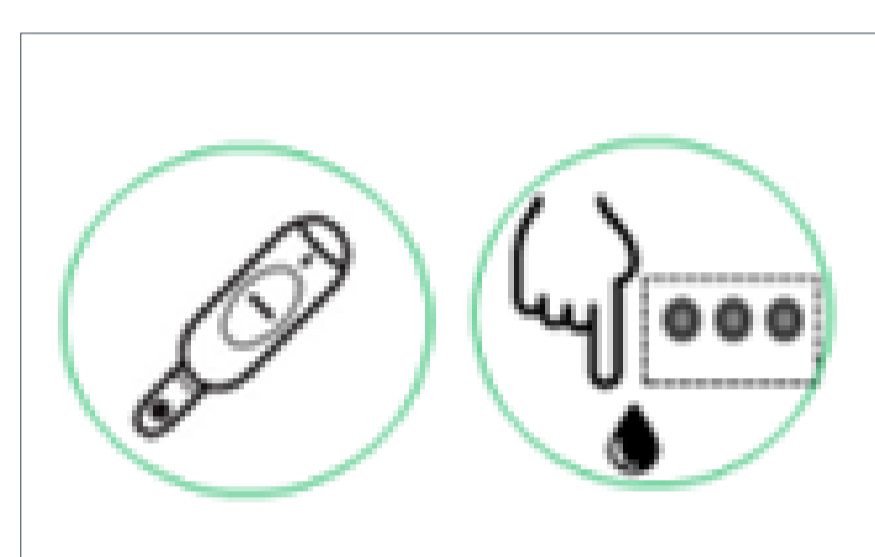
## OBJECTIVES

- Increase HCV screening actions in drug addiction care centers (DAC);
- Reduce the number of visits between diagnosis and start of treatment;
- Efforts so that everything is done at the DAC facilities whenever possible.

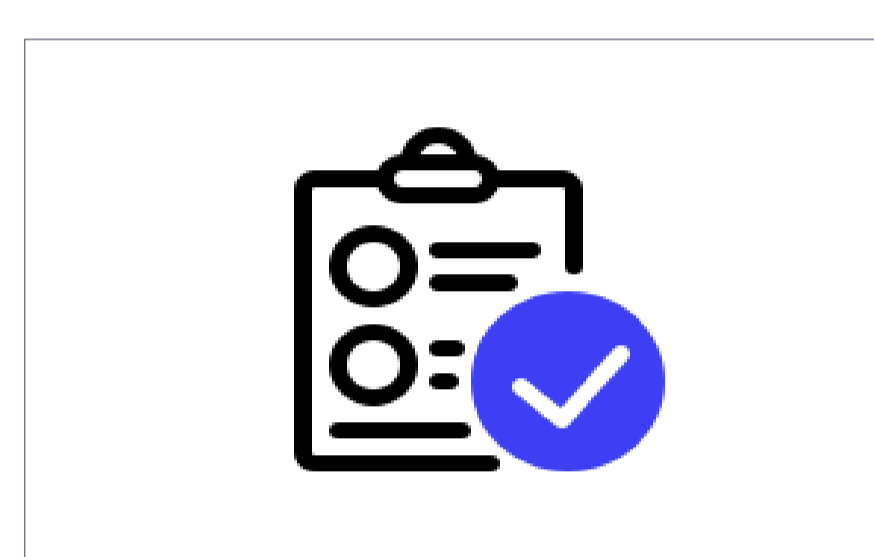
## METHODS



Design of a framework protocol



Nurse training for each DAC (rapid test and dry blood test)



Adaptation of the protocol to each DAC with its reference hospital

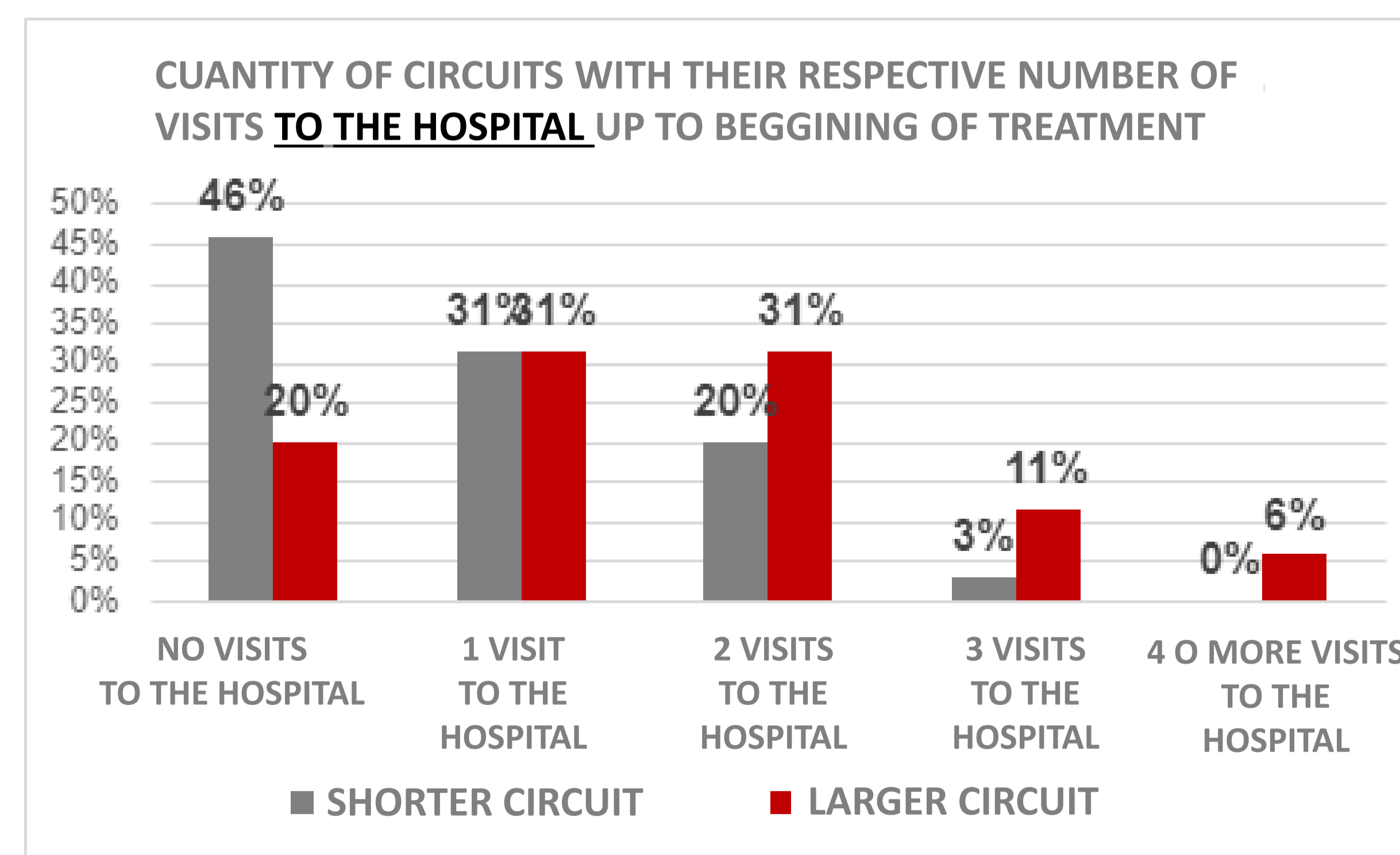
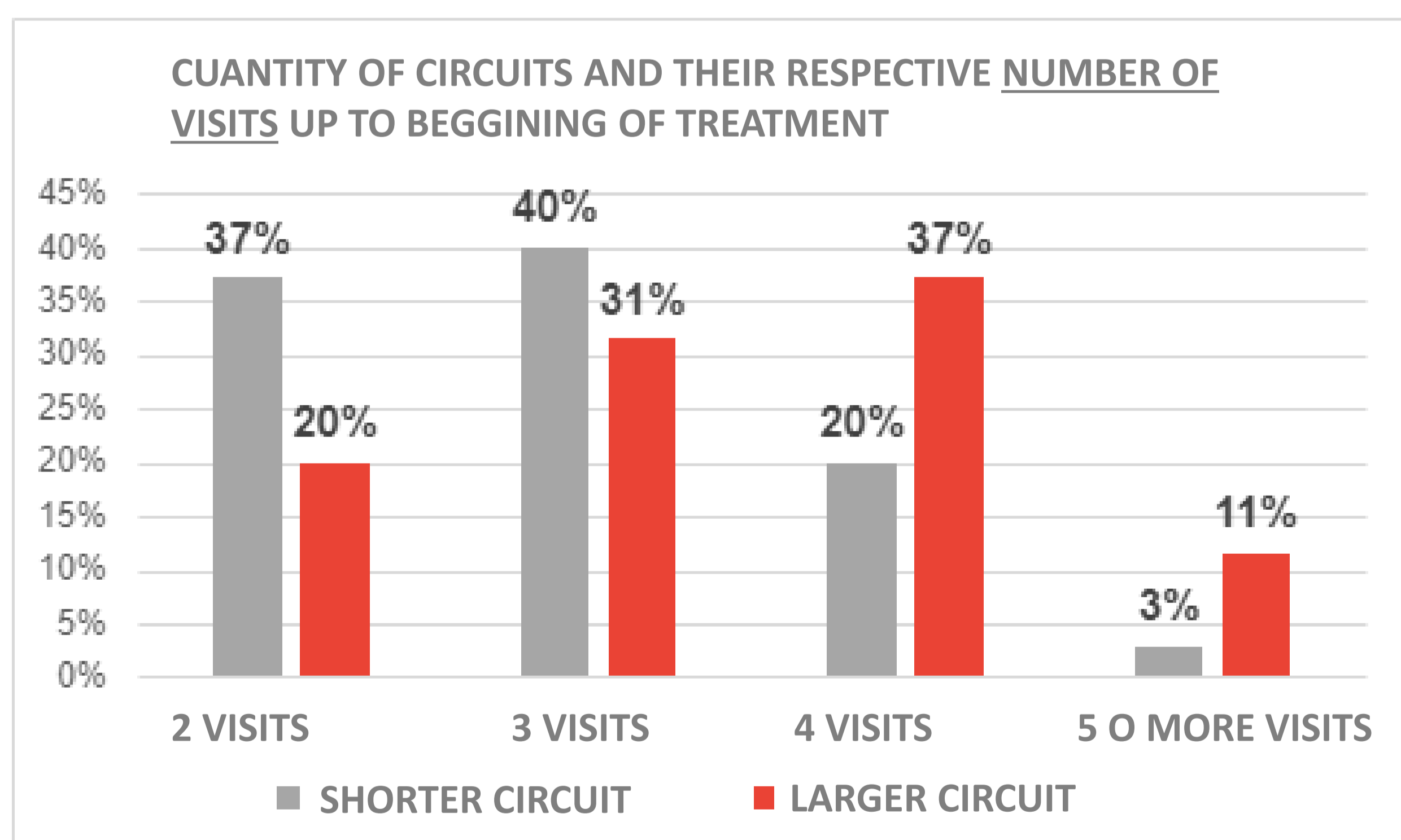


Monitoring system.

## RESULTS

- 65 circuits for 35 DAC (15 DAC with more than 1 circuit)
- Reasons for having more than 1 circuit: Degree of fibrosis, patient adherence, rapid test or analytical option (DAC, Hospital or primary care center).

CIRCUIT CHARACTERISTICS	SHORTER CIRCUIT	LARGER CIRCUIT
MEAN NUMBER OF VISITS UP TO FIRST TREATMENT DISPENSATION	2,8	3,4
MEAN NUMBER OF VISITS TO THE HOSPITAL UNTIL FIRST TREATMENT DISPENSATION	0,7	1,7
NO NEED TO GO TO THE HOSPITAL TO START TREATMENT	16	7
DAC CAN DO BLOOD TEST (PHLEBOTOMY)*	16	16
*OF THESE, 4 HAVE FLEXIBLE EXTRACTION HOURS AND 4 CAN DO IT ON THE FIRST VISIT.		
TREATMENT BEGINS IN PARALLEL WITH COMPLEMENTARY TESTS OR SIMPLY WITH LIVER FUNCTION VALUES IN LABORATORY TESTS	19	10
TREATMENT DISPENSATION AT DAC	23	20
TREATMENT DISPENSATION AT HOSPITAL	2	3
ABLE TO DISPENSE IN THE DAC OR IN THE HOSPITAL.	9	12



## CONCLUSIONS

- PUD, including active injectors, can be successfully treated if diagnosis and treatment are simplified and accessible.
- Efforts should be intensified to reduce the number of clinic visits and place them in drug care centers.

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