

THE HEPATITIS ENGAGEMENT PROGRAM (HEP): TOWARDS THE ELIMINATION OF HEPATITIS C VERTICAL TRANSMISSION IN NEW BRUNSWICK, CANADA

Harland K¹, Materniak S¹, Feltmate P¹, Webster D¹

¹ Centre for Research, Education and Clinical Care of At-Risk Populations, New Brunswick, Canada

47% of identified children were classified as high risk for vertical transmission, however only 1 was screened. Structural and systematic changes are required to prevent and eliminate HCV vertical transmission.

BACKGROUND

Hepatitis C virus (HCV) infections are rising among Canadians under the age of 40 years, secondary to the rising rates of substance use, particularly intravenous drug use (IVDU)^{1,2}. As such there is a growing risk of vertical transmission³. As New Brunswick has the second highest rate of IVDU in Canada⁴, our goal was to develop a program that would target individuals of childbearing age to provide screening and rapid access to treatment of HCV among people who use drugs (PWUD) between the ages 20-39. In addition, for those found to be HCV-positive, the program may assess risk, educate, and offer HCV screening for children who are deemed to be at risk.

Table 1. HEP Clinic Highlights

Highest Overall Attendance (n)	Highest Proportion of New HCV Cases (%)	Highest Number of Existing Cases (n)
Community medical clinics (50)	Community events (66.7%)	Community medical clinics (7) Corrections (7)

49

New Diagnosed HCV Cases



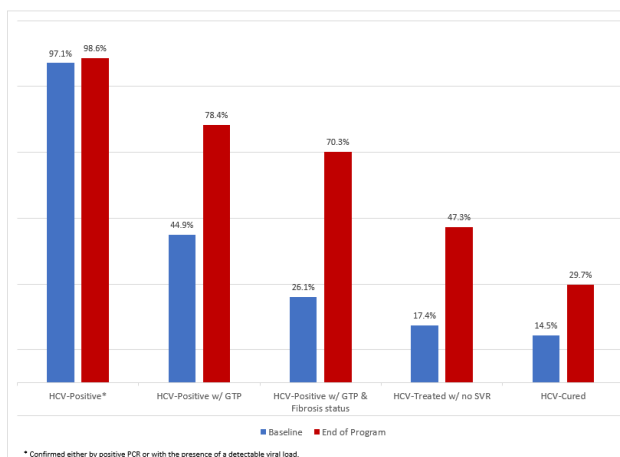
148

Visits for Repeat Screening

The Hepatitis Engagement Program (HEP)

HEP is a low barrier outreach program for screening and treatment of HCV. Community-based nurse-led clinics were arranged in partnership with various organizations. Advertising for these clinics was done primarily through word-of-mouth and a refer-a-friend incentive model. Screening was completed using point of care and dried blood spot testing. Registered nurses would assess and arrange treatment for anyone found to be positive. Repeat screening was also available for anyone with ongoing risk factors.

Figure 1. HEP Cascade of Care



Effectiveness:

In 15 months, 172 clinics were held at 30 sites. Clinics at community medical practices were the most well attended, however, clinics at community events saw the highest proportion of new HCV cases (Table 1). Overall, 516 people were seen of which 370 (72%) were at-risk for HCV and 196 (56%) were 20-39 years old. In the target group, the mean age was 30.5 years, 32.7% were female and 54.4% had injected in the past 6 months. A total of 59 untreated HCV cases were detected and 41.3% were started on treatment. Rescreening was indicated in 31.1%, 37.0% were actually rescreened and among those 55.0% were HCV-positive; 72% of which were re-infections. Among women 20-30 years who were HCV-positive, 65.0% had children requiring screening. Only one child is known to have been screened.

Conclusion and next steps:

HCV prevalence in PWUDs in their childbearing years was higher than among those outside this age range. High numbers of new infections were found on rescreening. HEP demonstrates the significant burden of HCV within this age group where treatment and routine rescreening is key. However, outreach screening clinics are not enough to properly screen children at risk for HCV vertical transmission.

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