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Generalitat de Catalunya Salut/Agència de Salut Pública de Catalunya

Red Cross, Catalonia, Spain has received funding from Abbvie

INTRODUCTION

- People who consume drugs have a high prevalence of infection by the Hepatitis C virus (HCV) in Catalonia ⁽¹⁾.
- Some Out-Patient Drug Treatment Centers and Harm Reduction Services in Catalonia are located far from hospital premises and provide only HCV antibody rapid tests, which hinders early diagnosis and referral pathways to treatment, with a high loss of follow-up.
- The Catalan Plan on Hepatitis C ⁽²⁾ promotes strategies to increase screening and treatment uptake among drug users using one-stop shop actions. ⁽³⁾

METHODS

- A mobile unit, with a nurse and a social educator, travels to 7 different Drug Services in Catalonia providing point-of-care (POC) antibody tests for HCV;
- If the result is positive, a POC RNA test (Cepheid GenXpert®) is performed to confirm the presence of an active infection;
- Those with an active infection are offered an on-site liver evaluation through liver elastography (Fibroscan®);
- Results are shared with the Drug Services which add other medical information and send it to the corresponding hepatology and pharmacy services, for evaluation and prescription;
- HCV treatment dispensing and monitoring is done directly by the Drug Services;
- Most people start antiviral treatment before further specialist assessment, including people with significant liver fibrosis, who are then referred to the specialist for ultrasound scan and follow-up;
- Red Cross Volunteers can accompany patients to the hospital to prevent failure to attend appointments;
- Post-treatment test (SVR) is performed on-site via GenXpert, 3 months later.

OBJECTIVES

- Carry out universal HCV screening in services for drug users, facilitating on-site treatment;
- Promote a space for health education around communicable diseases;
- Opportunistic testing and linkage to care for Hepatitis B virus (HBV), HIV and syphilis.



Mobile Unit parked at a Drug Service



POC tests (HCV, HBV, HIV, Syphilis)



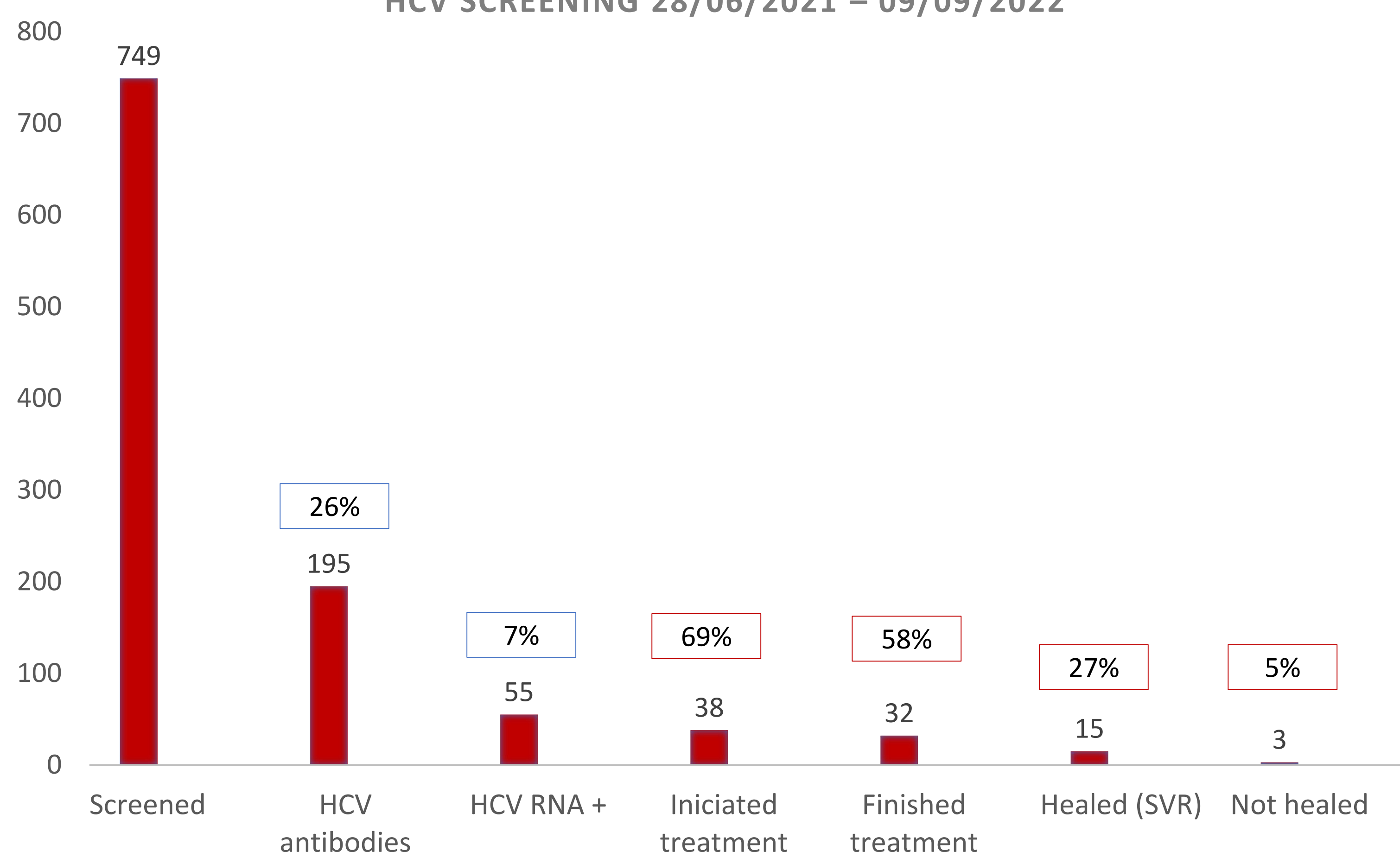
Cepheid GenXpert®: HCV POC test to confirm RNA



Fibroscan®: On-site liver elastography for fibrosis evaluation

RESULTS

HCV SCREENING 28/06/2021 – 09/09/2022



The majority of the participants screened 574 (77%) were males and also those with an active HCV infection 47 (85%). 466 (62%) were tested spontaneously without any previous appointment made by the Drug Services.

From those screened, 55 people (7%) have an active infection:

- Only 5 (9%) were not aware they had antibodies or RNA for hepatitis C;
- 11 (5,7%) have advanced fibrosis and 8 were seen by a specialist;
- 9 (16%) are loss to follow-up, from which 4 have a co-infection. 2 people died.

1 new diagnosis for HBV linked to care.

CONCLUSION

This project shows that the collaboration between the Drug Services and the Mobile Unit is effective. The ability to detect HCV active infection and to provide treatment on-site is one of the key strategies to link people to care and help complete the HCV care cascade. Decreasing the number of visits required to start treatment, adapting circuits to meet key needs and dispensing medication by a service known to the person are strategies that simplify and make more accessible diagnosis and treatment.

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