

# HEPATITIS C IN PEOPLE WHO USE DRUGS: TIMELINE FROM SCREENING TO CURE

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## Background

Portugal is committed to the goals defined by the World Health Organization in 2016, with the ambition of eliminating Hepatitis C by 2030. Despite the high efficacy of new direct-acting antiviral drugs (DAA) in eliminating the infection, the low rate of diagnosis and treatment in people who use drugs (PWUD) compromises their healing potential. The results presented in this poster are the result from a screening project that intervenes in two Portuguese municipalities, Cascais and Oeiras, bordering the Lisbon metropolitan area and subscribers to Fast-track cities: cities on the fast track to end the HIV epidemic and eliminate Hepatitis C by 2030.

## Goals

This project has the following objectives:

- To refer all reactive results to treatment structures – Linkage to care;
- To refer or reconnect to treatment structures everyone who was already diagnosed with HIV or HCV and who had abandoned treatment – Engagement to care;
- To assess PWUD adherence to treatment from the moment of screening until the moment of cure.

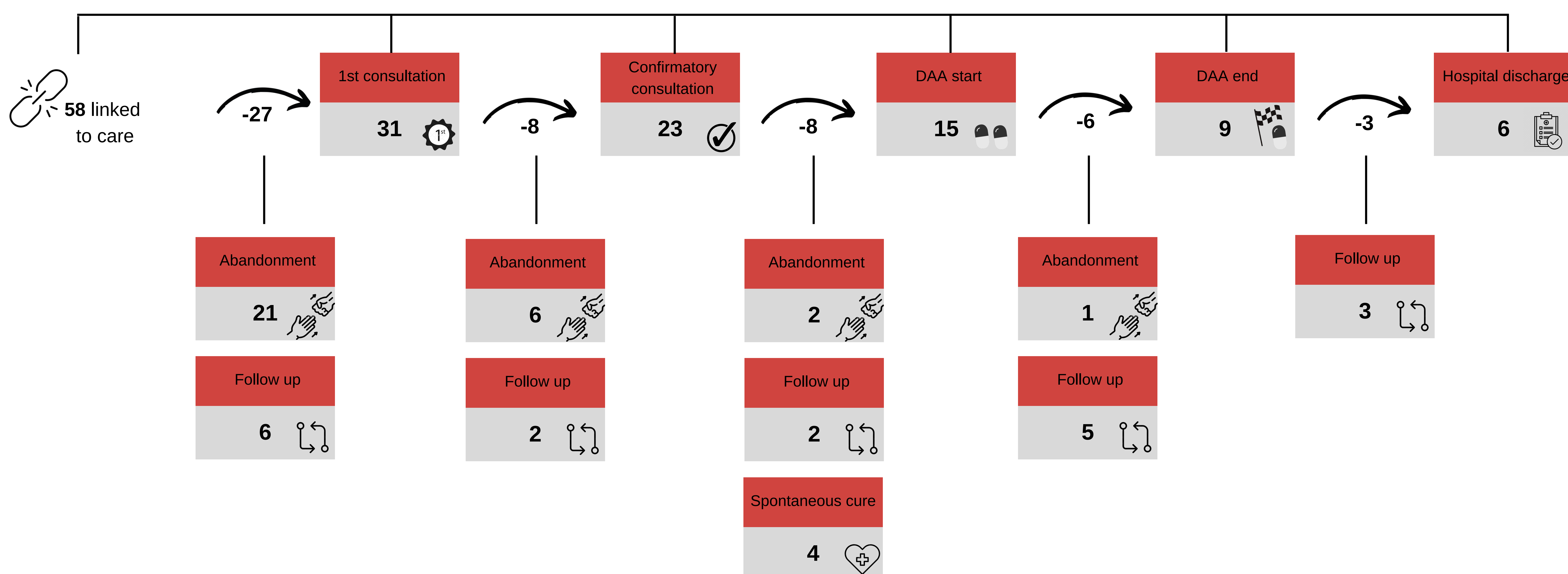
## Results

- Of the 179 PWUDs tested for HCV, 58/179 were indicated for referral to treatment (19/58 reactive and 39/58 reconnected) and accepted accompaniment by SER+, which means that all had a scheduled appointment for the first medical consultation.
- Of these 58 PWUDs, 30/58 (51.7%) withdrew from the follow-up and 28/58 (48.3%) adhered.
- Of the 28 PWUDs who adhered, 10/28 (35.7%) were cured (4/10 spontaneous cures and 6/10 cures with DAA) -18 people remain retained, with 3/18 PWUDs awaiting a discharge consultation.
- Of the 30 PWUDs who dropped out, 21/30 (36.2%) did not attend the first scheduled appointment, 6/30 (10.3%) did not confirm the diagnosis through clinical analysis, 2/30 (3.4%) did not start DAA and 1/30 (1.7%) did not complete DAA.

## Method

The screenings (voluntary, anonymous and free) were performed from November 2020 to July 2022 and carried out either at the facilities of a Specialized Technical Team in Drug Addiction Treatment from Oeiras/Cascais or at SER+ facilities/Mobile Unit, by two screening professionals and through rapid testing. People with reactive result(s) were referred to treatment facilities – linkage to care. People already diagnosed with HCV and who had abandoned treatment were reconnected to healthcare – engagement to care. The process of referral and (re)connection to care was done by SER+, the responsible entity for scheduling appointments and monitoring the entire therapeutic process until its conclusion, with the proper authorization of the people involved; To promote adherence to care, the team proposed:

- Accompaniment to hospital consultations by peers;
- Direct contact with the medical team of the hospitals involved;
- Providing information on the day of medical appointments/clinical analysis;
- Support in monitoring the date of medication collection;
- Any other therapeutic/psycho-social procedures inherent to the treatment.



## Conclusions

- Health gains through connection, (re)connection to care and cures;
- Despite the offer of peer support in monitoring the various therapeutic procedures, the number of PWUDs who did not attend the first hospital consultation is significant;
- In order to improve future actions of this intervention, especially with the PWUDs enrolled in the ETET Oeiras/Cascais, the team will evaluate the reasons that could justify this abandonment in an interview with the clients;
- Given that Oeiras and Cascais are two fast-track cities with a formalized consortium, the results will be evaluated by the various entities that comprise them, including municipal councils and hospitals involved, in order to obtain greater health gains for this population.