



# Integrating Hepatitis C care for at-risk groups: Findings from a Multi-centre Observational Study in Primary and Community Care



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## INTRODUCTION

In the European Union, primary care is increasingly providing long-term care, including opioid substitution treatment (OST), for people who inject drugs (PWID). Thus primary care is well placed to address HCV-related morbidity and mortality among PWID through interventions which optimise primary and secondary prevention.

Characterisation of the HCV cascade of care among PWID is crucial to developing appropriate strategies and monitoring their impact.

## OBJECTIVE

We examine **HCV prevalence and management** among PWID attending primary care and community-based health agencies at four EU sites, using baseline data from a multi-centre feasibility study of a complex intervention ('HepLink') to improve HCV identification and treatment among patients attending primary care and other community-based health agencies.

## METHODS

- Primary care and community-based health agencies in Dublin, London, Bucharest and Seville were recruited from the professional networks of the 'Hepcare Europe' consortium.
- Patients were eligible to participate if 18 years of age, on OST or at risk of HCV, and attend the service during the recruitment period.
- Data on patient demographics and prior HCV management were collected on participating patients at baseline.

## RESULTS

Table 1: Patient recruitment and demographics

	DUB	LDN	BUC	SEV	TOTAL
No. of primary care/ community services recruited	14	2	9	5	30
No. of patients recruited	135	35	230	130	530
No. of patients on whom baseline data has been collected	135	35	230	130	530
Gender: Male n (%)	97 (72%)	25 (71%)	197 (86%)	116 (89%)	435 (82%)
Age: Mean (SD)	43 (7.6)	51 (8.8)	35 (7.9)	50 (6.4)	N/A

DUB: Dublin; LDN: London; BUC: Bucharest; SEV: Seville

Table 2: HCV screening and prevalence

	DUB N=135	LDN N=35	BUC N=230	SEV N=130	TOTAL N=530
VARIABLE	% (n)	% (n)	% (n)	% (n)	% (n)
HCV Antibody Tested	95% (128)	94% (33)	65% (150)	86% (112)	80% (423)
HCV Positive/Tested	78% (100)	94% (31)	95% (143)	88% (98)	70% (372)

Table 3: Management of HCV antibody-positive patients

	DUB N=100	LDN N=31	BUC N=143	SEV N=98	TOTAL N=372
VARIABLE	% (n)	% (n)	% (n)	% (n)	% (n)
HCV RNA tested	57% (57)	84% (26)	17% (24)	69% (68)	47% (175)
Referred Hepatology/ID	69% (70)*	55% (17)	45% (65)	46% (45)	53% (197)
Attended Hepatology/ID	50% (51)*	6% (2)	41% (59)	46% (45)	42% (157)
HCV treatment initiated	20% (20)*	3% (1)	10% (15)	33% (32)	18% (68)
HCV treatment complete	14% (14)*	3% (1)	8% (11)	26% (25)	14% (51)
Sustained viral response	14% (14)*	3% (1)	3% (4)	21% (21)	11% (40)

\*Includes one patient who was HCV antigen positive but antibody negative

## 'HEPLINK' MODEL OF CARE



## CONCLUSIONS

- Baseline assessment of the HCV cascade of care among PWID attending primary care and community-based health agencies at four EU sites show high levels of screening in Dublin and London and a need for increased screening in Bucharest and Seville.
- Substantial proportions of HCV antibody-positive patients at all sites had never attended a hepatology/infectious disease service or received HCV treatment.

Next steps:

- Our research will determine the feasibility and acceptability of the 'HepLink' model of care in the different EU sites to engage and retain PWID in the HCV cascade of care.

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