

HepCare Europe Manifesto



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BACKGROUND

HepCare Europe is a three-year, EU-funded project involving collaboration with four member states. The vision for the project is to create an innovative, integrated system for Hepatitis C Virus (HCV) screening and treatment among key 'at-risk' groups, including people who inject drugs and the homeless, through outreach to the community and integration of primary and secondary care services.

With clinical sites in **Dublin, London, Seville and Bucharest**, and economic evaluation in Bristol UK, the consortium has developed a number of work packages, focused on operationalizing the multiple components of testing, care and cure that are key components of the strategy to eradicate HCV in the European Union.

METHOD

A system of work packages aimed at intensified screening (HepCheck),
Linkage to Care (HepLink), Education (HepEd) and intensified Peer Support
(HepFriend) and cost effectiveness (HepCost) aimed to improve testing
and linkage to care for the homeless, prisoners and PWID.

Primary Care

WP 6: **HepED**

(inter-professional

education)

(screening)

WP5: **HepLink** (linkage to care)

WP4: HepCheck

WP 7: **HepFriend** (peer advocacy support)

Secondary care

WP8: **HepCost**WP 1 Coordination; WP 2 Dissemination; WP3 Evaluation

REFERENCES

Lambert J, Avramovic G, McCombe G, Murphy C, Swan D, O'Connor E, Cullen W: HEPCARE EUROPE: Bridging the gap in the treatment of Hepatitis C. International Journal of Integrated Care 2017, 17(5).

Lambert J.S, Murtagh R, Menezes D, O'Carroll A, Murphy C, Cullen W, McHugh T, Avramovic G, Tinango W, Van Hout M.C. Hepcheck Dublin. An intensified Hepatitis C Screening Programme in a homeless population demonstrates the need for Alternative Models of Care. BMC Infectious Diseases (In press)

Crowley D, Cullen W, Laird E, Lambert JS, Mc Hugh T, Murphy C, Van Hout MC Exploring Patient Characteristics and Barriers to Hepatitis C Treatment in Patients on Opioid Substitution Treatment Attending a Community Based Fibro-scanning Clinic. J Transl Int Med. 2017 Jun 30;5(2):112-119.

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RESULTS



- No. of individuals offered screening 2822
- No. of individuals screened 2129
- HCV Ab positive 728 (34.2%)

HEPLINK

- No. of primary care/ community sites recruited 29
- No. of patients recruited 485
- No. of primary care/ community sites received HCV education 55
- No. of primary care/ community sites received HCV nurse support/ outreach 22



- Patients contacted 395
- Peers recruited 29



- No. of Health Care Professionals trained >500
- No. of Masterclasses held 12

CONCLUSION

HEPCARE EUROPE PROJECT HAS LINKED UP STAKEHOLDERS IN PRISONS, COMMUNITY SETTINGS, NGO'S AND MEDICAL INSTITUTIONS, DEVELOPING NEW COLLABORATIONS THAT SHOW THE POTENTIAL FOR CONTINUED AND EXPANDED PROGRESS IN HCV ELIMINATION. HEPCARE COLLABORATIONS HELPED SITES TO ACCESS A HIGHER NUMBER OF PATIENTS WITH RISK BEHAVIOURS BY REDUCING COSTS AND OTHER SCREENING BARRIERS. SITES ALSO UTILIZED NEW APPROACHES, WITH SPAIN DIAGNOSING HCV IN A SINGLE BLOOD DRAW AND THE UK UTILISING MOBILE UNITS FOR HARD TO REACH POPULATIONS. OUTREACH CLINICS AND SPECIALIST NURSES IMPROVED LINKAGE TO CARE OUTCOMES FOR PATIENTS IN MARGINALIZED GROUPS. WITH SITES INFLUENCING SERVICE DELIVERY IN THEIR RESPECTIVE SURROUNDING AREAS, THE FUTURE OF HEPCARE AIMS TO FURTHER DEVELOP THE INTERVENTION BY INCREASING ITS GEOGRAPHICAL REACH, TARGETING HIGH "TRANSMITTER" GROUPS, RE-ENGAGING PATIENTS LOST TO FOLLOW-UP AND ENHANCING INTEGRATED APPROACHES.