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SCALING UP THE HCV RESPONSE: COMMUNITY TESTING, LINKAGE/RE-LINKAGE TO CARE AMONG PEOPLE WHO USED DRUGS

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INTRODUCTION

On the 23rd of September 2014 the first Scientific Commission, in charge to prepare the draft proposal for the national strategy on viral hepatitis, was held. The draft will be opened for discussion on the 31st of December 2014.

This project was developed considering that HCV screening in Portugal is erratic when a person enters in a therapeutic community.

OBJECTIVES

Increase HCV knowledge among former PWID/PUD; provide HCV/HIV screening and linkage of people with reactive results to care or re-linkage of those lost to follow-up by the health services.

METHODS

Outreach collective sessions conducted in therapeutic communities, shelters and settings with high prevalence of former PWID comprising information about hepatitis C: transmission, disease progression and treatments. An anonymous questionnaire (socio-demographic information, condom and drug use, testing, diagnosis and treatment history) and anonymous oral fluid HCV and HIV fingerprick rapid test are offered.

The participants with reactive results are offered confidential active referral to specialized care. A team member offers to accompany to first/second medical appointment. The same procedure is proposed to people previously tested and/or diagnosed with HCV but that, for some reason, were lost to follow-up.

RESULTS

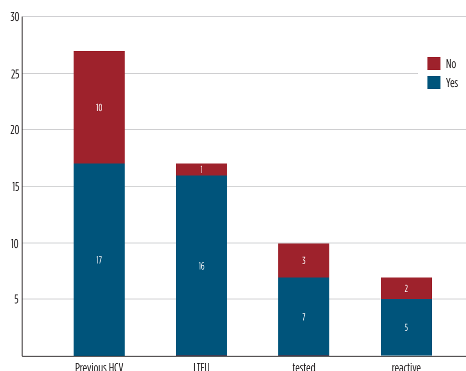
In 4 pilot sessions, 73 people (68 men, 5 women; 78% Portuguese; average age 45) filled the questionnaire; 19 (26%) were aware of their hepatitis C infection, 18 associated the infection with drug injection, but only one was under regular medical care. A total of 27 participants reported injecting drugs.

We performed 41 HCV and 35 HIV tests. Excluding 18 people with HCV infection, among the participants who had previously injected drugs, 6 were tested and 5 had reactive results, while 3 did not agree to be tested. One additional reactive result did not report IDU. There were no HIV reactive results, but there were 5 cases of reported HIV infection, 4 of which were HIV-HCV co-infections (3 were former IDU, 1 was not). All reactive results or people with a previous HCV diagnosis which were not linked to healthcare beforehand accepted active referral to care (n= 25).

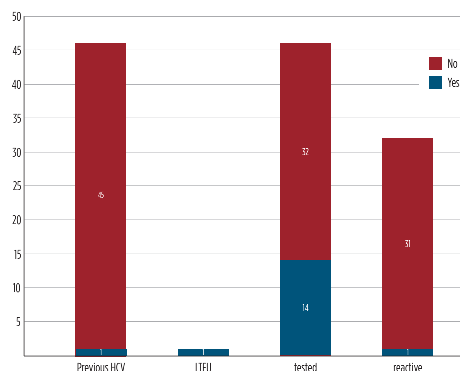
CONCLUSION

This pilot showed high rates of people lost to follow up and a reasonable number of new HCV reactive results, favouring this kind of combined interventions. Informative sessions where HCV literacy is addressed also seem to favour acceptance of linkage to care.

Graph 1 – HCV infection among reported IDU, and people Lost to Follow Up (LTFU)



Graph 2 - Distribution of HCV infection among reported non IDU, and Lost to Follow UP (LTFU)



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