

THE HEPATITIS ENGAGEMENT PROGRAM (HEP): TOWARDS THE ELIMINATION OF HEPATITIS C VERTICAL TRANSMISSION IN NEW BRUNSWICK, CANADA

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Background:

Hepatitis C virus (HCV) infections are rising in Canadians of childbearing age secondary to substance use, increasing the concern of children at risk of vertical transmission. The Hepatitis Engagement Program (HEP) was developed to increase screening and treatment of HCV among people who use drugs (PWUD) between ages 20-39. In addition, for those found to be HCV-positive, assess risk, educate, and offer HCV screening for children who are deemed to be at risk.

Description of model of care/intervention:

Community-based nurse-led clinics were arranged in partnership with various organizations. Advertising for these clinics was done primarily through word-of-mouth and a refer-a-friend incentive model. Screening was completed using point of care and dried blood spot testing. Treatment was arranged for anyone found to be positive.

Effectiveness:

In 15 months, 172 clinics were held at 30 sites. Overall, 516 people were seen of which 370 (72%) were at-risk for HCV and 196 (56%) were 20-39 years old. In the target group mean age was 30.5, 32.7% were female and 54.4% had injected in the past 6 months. A total of 59 untreated HCV cases were detected and 41.3% were started on treatment. Rescreening was indicated in 31.1%, 37.0% were actually rescreened and among those 55.0% were HCV-positive, 72% of which were re-infections. Among women 20-30 years who were HCV-positive, 65.0% had children requiring screening. Only one child is known to have been screened.

Conclusion and next steps:

HCV prevalence in PWUDs in their childbearing years was higher than outside this age range and high numbers of new infections were found on rescreening. HEP demonstrates the significant burden of HCV on this age group and treatment and routine rescreening is key. However, outreach screening clinics are not enough to properly screen children at risk for HCV vertical transmission.

Disclosure of Interest Statement: This program was funded through an investigator-sponsored research grant from Gilead Sciences Inc. The design, implementation and execution were solely the responsibility of the authors.