BASELINE CAPABILITY FOR HEPATITIS TEST AND TREATMENT IN DRUG TREATMENT CLINICS IN THE REGION OF SOUTHERN DENMARK- A PRE-ELIMINATION INTERVENTION ASSESSMENT

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Background:
The C-free South program is the hepatitis C (HCV) elimination strategy for the Region of Southern Denmark (RSD) with a population of 1.2 million. One intervention is to establish test and decentralized treatment in 15 drug treatment clinics (DTCs). Aim of the present study is to understand baseline factors that can influence test and treatment uptake in DTCs.

Description of model of care/intervention:
In RSD the publicly funded DTCs provide opiate substitution therapy (OST). Size of DTCs range from 45 to 450 registered users. To understand the baseline setup, we sent out a questionnaire including 29 questions with three main topics.
1. Blood test facilities; access to dried blood spot (DBS) testing, phlebotomist service (onsite or distance to nearest laboratory).
2. DTC facilities; uptake area, OST provision (+/- heroin assisted therapy), access to needle and syringe provision (NSP).
3. Expertise of hepatitis; delivery of hepatitis A and B vaccine, helping the HCV infected with medication and transportation to hospital if needed, healthcare professionals dedicated to hepatitis.

Effectiveness:
All 15 clinics have answered the questionnaire. Three clinics had access to DBS testing at baseline. One clinic had a phlebotomist on-site at a regular basis. Distance to nearest laboratory varied from 0.35 km to 30 km. Longest distance from home to clinic was 100 km. Ten clinics (67%) had on-site NSP, six of them anonymously. Nine clinics (60%) provided hepatitis vaccine. Nine clinics (60%) had healthcare staff dedicated to hepatitis.

Conclusion and next steps:
We identified limited onsite testing opportunities, limited access to NSP, vaccines and health professionals. An intervention providing education, on-site DBS provision and HCV treatment is ongoing. Whether this will be sufficient to overcome baseline differences in DTC will be evaluated by pre and post intervention assessment of test and treatment uptake.

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