INTEGRATING HEPATITIS C CARE FOR AT-RISK GROUPS: FINDINGS FROM A MULTI-CENTRE OBSERVATIONAL STUDY IN PRIMARY AND COMMUNITY CARE

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Background:
In the EU, primary care is increasingly providing long-term care for people who inject drugs (PWID), and thus is a key setting to target to address HCV-related morbidity and mortality among PWID. The HepLink study aims to improve HCV care outcomes among PWID in primary and community care by developing an integrated model of HCV care and evaluating its feasibility, acceptability and likely efficacy.

Approach:
The integrated model of care comprises: education of community practitioners, clinical support/outreach by a HCV-trained nurse to primary care and community sites, and enhanced access of patients to community-based evaluation of HCV disease (including on-site Fibroscan). GP practices/clinical sites in Dublin (DUB), London (LDN), Bucharest (BUC) and Seville (SEV) were recruited from the professional networks of consortium members. Patients were eligible to participate if ≥ 18 years of age, on opioid substitution treatment or at risk of HCV, and attending the practice/service during the recruitment period. Data on patient demographics and current HCV management were collected on participating patients at baseline.

Outcome:
Twenty-nine practices/services (DUB n=14; LDN n=2; SEV n=4; BUC n=9) are currently participating. A total of 486 patients have been recruited across the four sites (DUB n=135; LDN n=35, SEV n=109; BUC n=207) and baseline data has been collected on 472 patients. Across the four sites, participants ranged in age from 19-90 years with 71-90% male. Baseline data showed that lifetime HCV testing ranged from 53% (BUC) to 96% (SEV). HCV positivity ranged from 77% (DUB) to 100% (SEV). Among HCV-positive patients, lifetime attendance at a hepatology/infectious disease service ranged from 7% (LDN) to 53% (DUB) and HCV treatment from 3% (LDN) to 35% (SEV).

Conclusion:
Current management of HCV across these four European sites shows substantial variability in HCV screening, linkage to care and treatment rates among PWID.

Disclosure of Interest Statement:
No conflicts of interest.