

FROM HCV DIAGNOSIS TO TREATMENT INITIATION IN DRUG USERS: RESULTS FROM A MOBILE OUTREACH PROGRAM IN LISBON

Cláudia Pereira¹, Diogo Morais¹, Filipa Barata¹, Hugo Faria¹, Linda Gonçalves¹, Carolina Marquez¹, Rodrigo Coutinho¹

¹ Ares do Pinhal

Background: Infectious diseases are a leading cause of death and disability in some vulnerable populations, such as drug users and the homeless. Harm reduction programs undertake a significant effort to screen, diagnose and treat these burdensome conditions. Infectious diseases were always a priority in the Mobile Outreach Program (MOP) managed by Ares do Pinhal in Lisbon (Portugal) since the beginning of the millennium.

Description of model of care/intervention: All the users provided written signed informed consent forms, authorizing access to epidemiological data and substance use records. Screening for ID as part of the routine practice at the MOP.

Effectiveness: In the last six years, we developed three different strategies to address the needs of the patients that were positive for AbHCV: 1) From June 2015-October 2017 we referred patients to hepatology appointments on their own; 2) From October 2017-March 2019 our team took the patients directly to the hospital by car to attend clinical appointments and exams; 3) From February 2020 onwards, the hepatologist goes to the mobile unit and the patient is not required to go to the hospital. In all these approaches, if treatment is prescribed, the medication is taken while doing methadone daily at the MOP.

Since the 2017 study, from the 307 RNA positive results, 70 patients concluded HCV treatment with an average mean time between diagnosis and the beginning of treatment of 41 months.

Conclusion and next steps: Time from diagnosis to treatment initiation remains very high. However, more than clinical uncertainty, drop-outs, failure to follow on referral to clinical appointments, and the COVID pandemic all contributed decisively to the increase in time to treatment initiation. Further efforts must be pursued to ensure that in the coming years, this issue is addressed, since early diagnosis and treatment initiation is a condition for better clinical prognosis.

Disclosure of Interest Statement:

The authors have no conflicts to declare