

SCREENING FOR HCV WITH DRIED BLOOD SPOT TEST IN ACTIVE DRUG USERS. EVALUATION OF MAGNITUDE BEFORE INTERVENTION.

Ryan P¹, Valencia J², Troya J¹, Cuevas G¹, Resino S³, Ramon C⁴, Gutierrez J², Cabezon C², Vazquez-Moron S³.

¹Hospital Universitario Infanta Leonor, ²Madrid Positivo, ³Instituto de Salud Carlos III – National Centre of Microbiology. ⁴Fundación Española para la Cooperación Internacional

Background:

Cañada Real is a shantytown on the outskirts of Madrid, where 90% of the sale and consumption of illegal drugs in the region take place. Screening for HCV using dried blood spot (DBS) in drug users is simple, cheap, avoids the need for venipuncture and can be applied with only minimal training.

Approach:

Screening for HCV and other viruses (HIV, HBV, HDV) was carried out using capillary whole blood in DBS specimens in subjects from Cañada Real, as part of a low-threshold harm reduction strategy. A mobile harm reduction unit made an active search. Socio-demographic data was recorded.

Effectiveness:

529 drug users were screened for blood borne viruses at the shantytown. 78% were male, 79% Spanish born and 10% from Eastern Europe. 105 (20%) were homeless. Most frequent drugs used; cocaine 476(90%), heroine 412 (78%). Most of the drug users smoked these drugs 432 (87%) and 177(36%) injected them. 254 (50%) had previously injected drugs. 447(88%) were routinely followed at a health care facility (primary care, opioid substitution center or mental health center or hospital). 28% (142) received opioid substitution therapy and 29% psychiatric therapy. 15% did not have the right to medical assistance. 35% of the drug users had not been tested/screening for hepatitis C in the last year. Screening results with DBS: HCV antibodies: 28% positive, RNA positive: 23%, HIV positive: 6%, HBV positive: 4% and 2 patients were HDV positive.

Conclusion:

DBS may be an excellent alternative for blood borne viruses screening in drug users. Proactive screening with DBS and active approaches to drug users help to quantify the problem in this population, thus establish more suitable preventive measures and a circuit of referral to specialist centers for confirmation of diagnosis and treatment.

Disclosure of Interest Statement:

The authors declare no conflict of interest in this work. This study was supported by grants from Merck Sharpe & Dohme (MISP IIS#54846).