

# TREATMENT OF HEPATITIS C IN A COMMUNITY BASED OPIOID SUBSTITUTION (OST) CLINIC



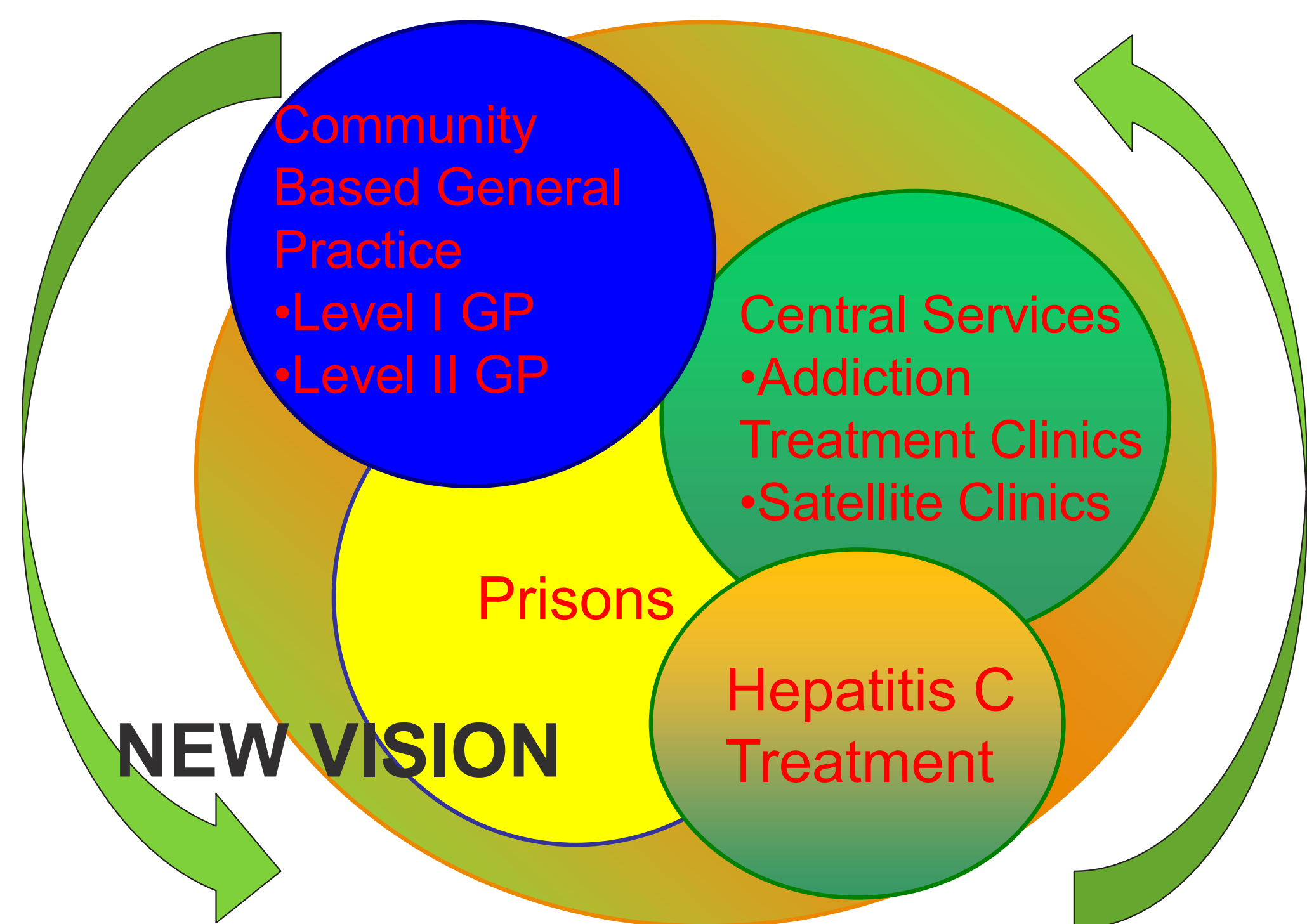
Feidhmeannas Seirbhíse Sláinte  
Health Service Executive

## INTRODUCTION

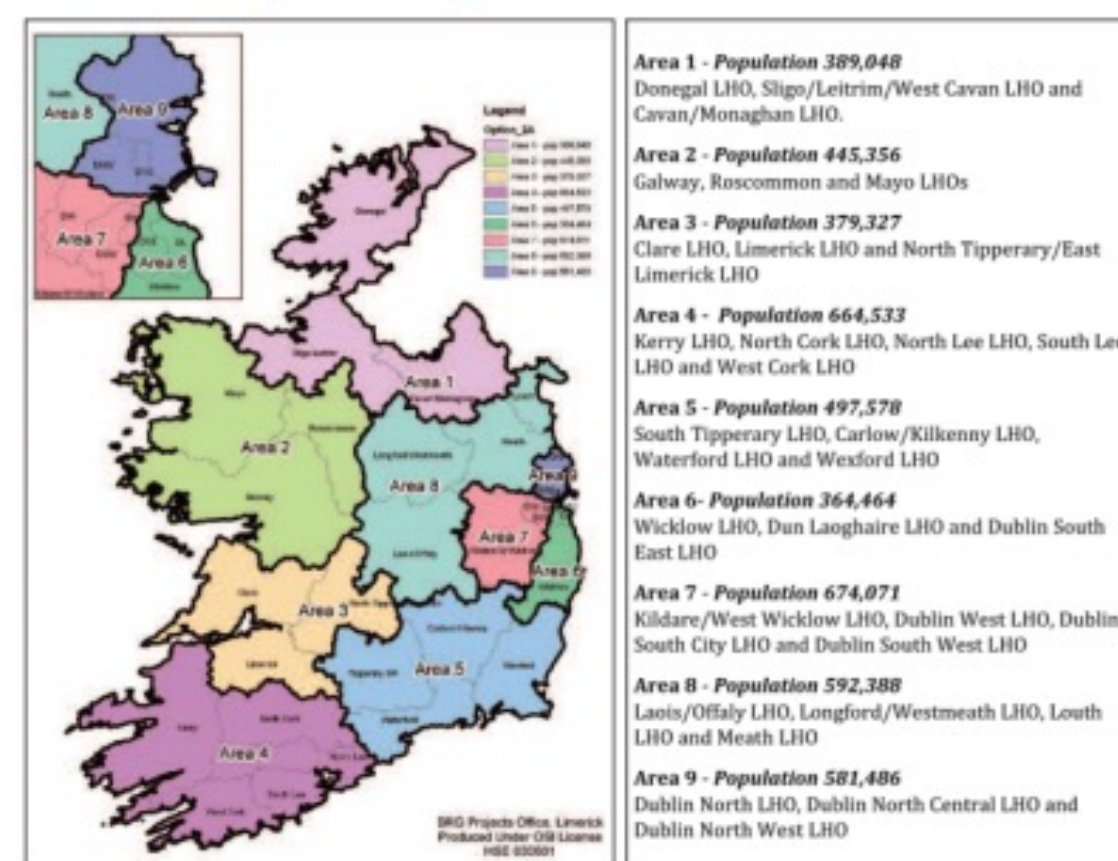
The World Health Organisation aims to make Hepatitis C a rare disease by 2030. In Ireland, with this in mind the National Hepatitis C Treatment Programme (NHCTP) launched a pilot in March 2017 to provide treatment with the new Direct Acting Antiviral (DAA) medication at Addiction Treatment Services (ATS) for patients with a Fibro Scan <12.5 Kpa.

General Practitioners specialised in addiction work at the clinics.

Initially one clinic was the designated pilot site. With a view to micro elimination this has been extended to include other clinics in CHO 7.



The nine Community Healthcare Organisations are outlined below:



Category	Number of patients
<b>Number of patients in OST in Ireland</b>	<b>10,441</b>
Number of patients in OST treatment in CH07	3,101
Number of patients in Addiction Clinics	1,555
Number of patients in Primary Care General Practice	1,546
No accurate Hepatitis C Prevalence figures are available	

## INITIAL COHORT

236 patients attend at the Initial Pilot site, an addiction treatment clinic which provides service for a very deprived local population and a large cohort of homeless people with 10 homeless hostels in the catchment.

### Micro elimination plan to date

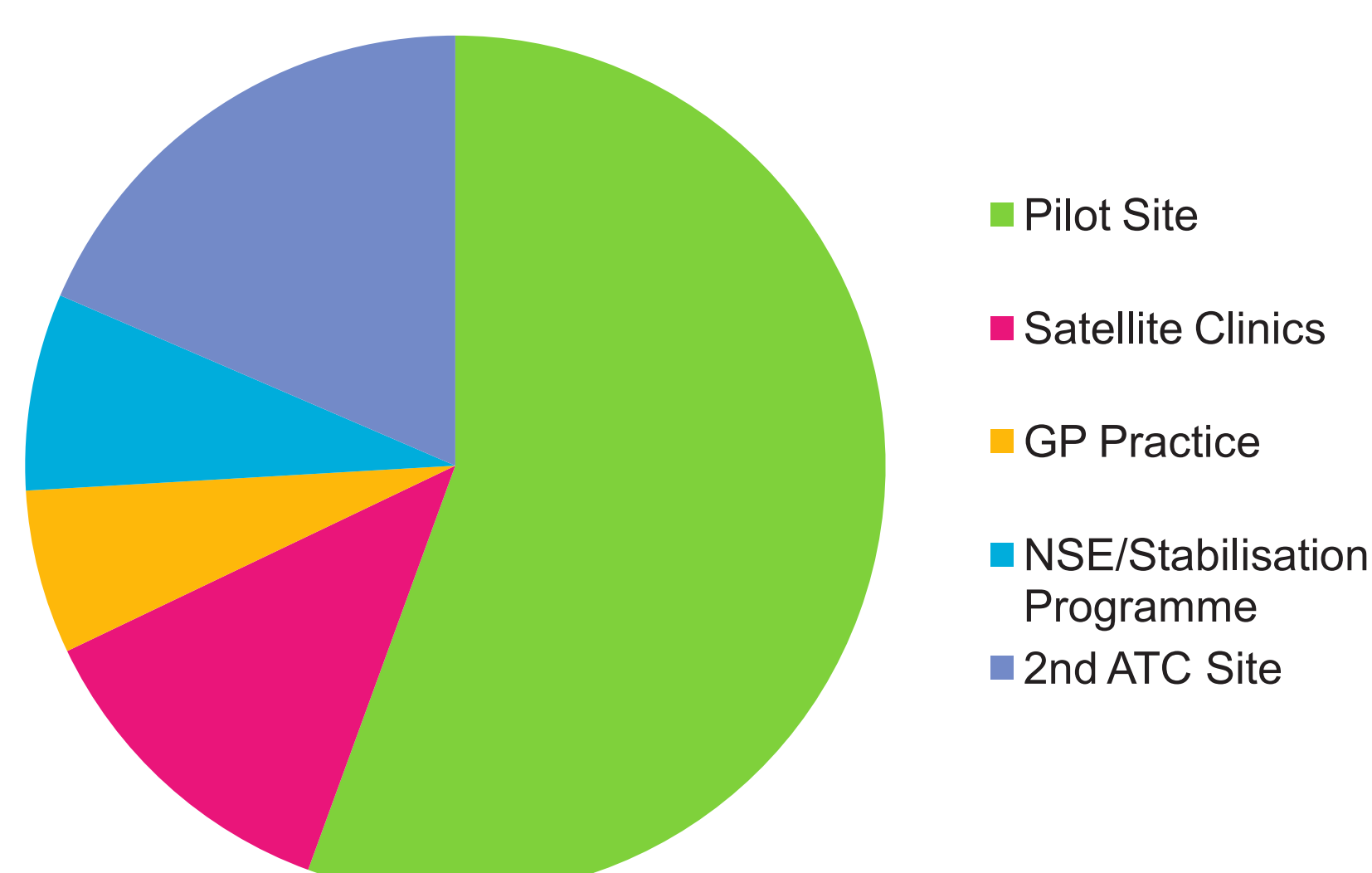
137 patients attending a second ATS were assessed at the clinic.

43 patients attending 2 smaller satellite clinics

40 attending local needle exchange / stabilization programme were tested

50 attending a local Primary Care Community GP Practice were tested. All Hepatitis C PCR positive patients were included at the Pilot site for Hepatitis C treatment while continuing to receive OST at their clinic.

## Treatment Cohort



## SERO PREVALENCE

It is service policy to test every one receiving OST for blood borne viruses. Sero prevalence of Hepatitis C in the drug using population in Dublin is estimated to be 62% to 81%.

An audit of Hepatitis C Prevalence in Addiction Treatment Centres in CH07 in 2016 showed 66% to be Hepatitis C antibody +ve, of whom 65% were viraemic. Females were more likely to have cleared the virus. 54% of females and 72% of males were RNA Positive.

## AUDIT OF PATIENTS FOR FIBRO SCAN

An audit of files to identify uncomplicated RNA /Antigen positive patients was carried out

Excluded were:

- Co infected patients
- Cirrhotic patients
- Patients already treated
- Decompensated liver disease

Patients were Fibro scanned at the clinic they attended 81 were identified as suitable for treatment with a Fib scan score of < 12.5 Kpa

Pilot site 45, Satellite Clinics 10, GP Practice 5, NSE/Stabilization Programme 6  
Second ATC 15

## SUPPORT

Engagement was made with the Hepatitis C Partnership an NGO, prior to treatment commencing and a Support Group was set up led by a Development Worker.

Workshops, group work individual support and peer support are provided

Coffee and toast provided.



- Harm Reduction
- Relapse prevention
- Safe drug use

- Hepatitis C Education
- Alcohol
- Avoiding re infection

## PSYCHOSOCIAL ISSUES

Residential instability provided challenges, 58% of those treated to date, or currently in treatment are homeless.

Linkage to Social Inclusion Services substantially improved accommodation and provided hostels for 2 Rough sleepers living in tents.

Transport for duration of treatment was provided by Social Inclusion for patient living at a distance from clinic to ensure attendance.



## COMMUNITY PROFESSIONALS

Meaningful contact with patient's GP in relation to Medical History to exclude Drug Drug Interactions (DDIs) and Contraception

Also with Community Pharmacy where necessary

This was later extended to Legal Services, Probation Services, Courts and Hostels.

## DRUG DRUG INTERACTION ASSESSMENT

Zopiclone: patients detoxed and prescribed low doses of diazepam if necessary

Alprazolam and street benzodiazepine: patients detoxed and prescribed low doses of diazepam.

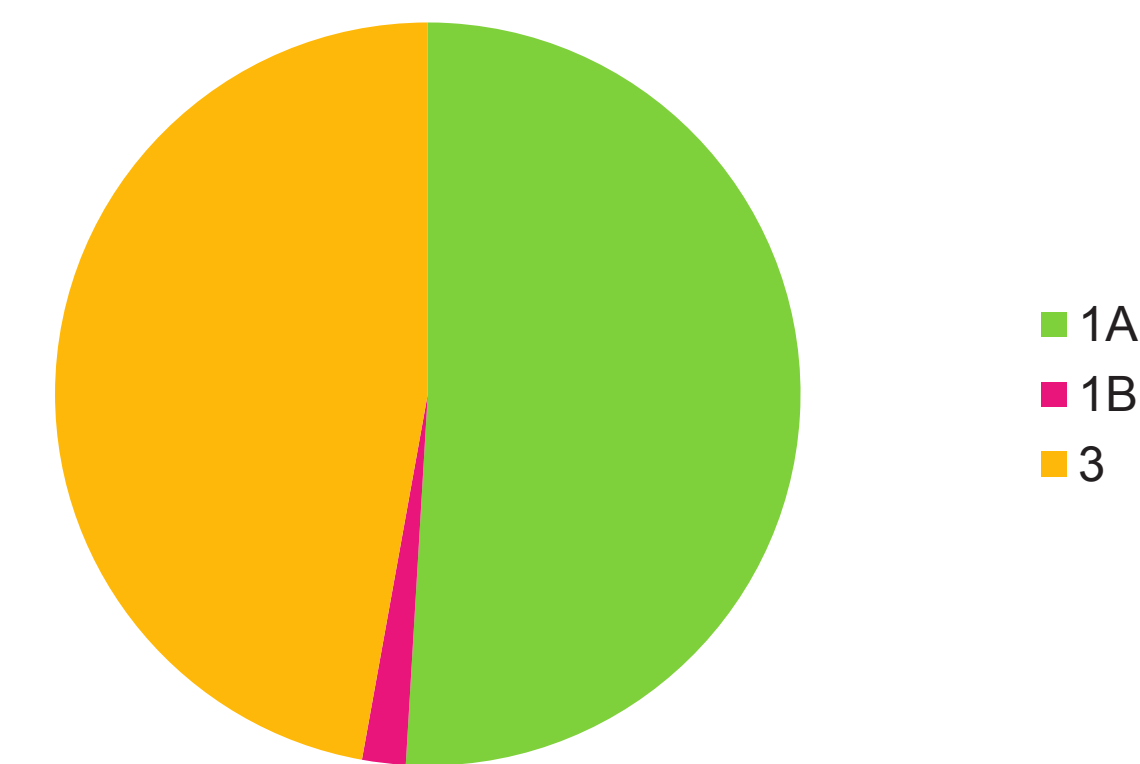
One patient prescribed Quetiapine transferred to a low dose of Olanzapine.

No Patient was prescribed a Proton Pump Inhibitor (PPIs)

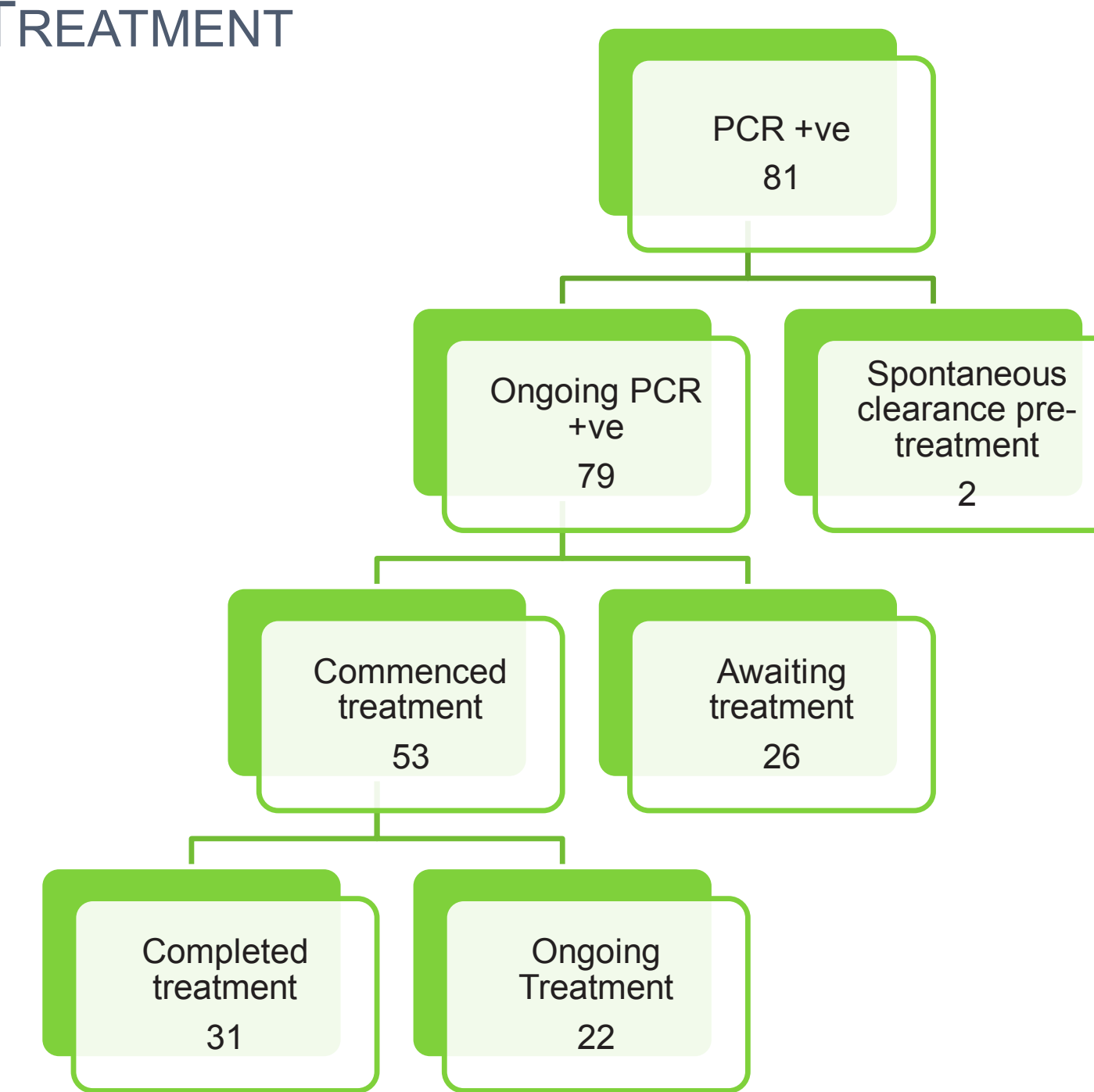
OTC advise

## Genotype in Patients Treated or in Treatment

Genotype 1a	27	50.9%
Genotype 1b	1	1.9%
Genotype 3	25	47.2%



## TREATMENT



## MEDICATION

GT1 15 Pro/D : Vikerax/Exviera and Ribavarin:

GT1 11 Harvoni Sofosbuvir/Ledipasvir

GT3 12 Eplclusa: Sofosbuvir/Velpatasvir

**No issues with Drug Drug Interactions during treatment**

## RESULTS

53 patients commenced treatment. There are no treatment drop outs to date

31 patients have completed treatment, all of whom had a Nil Viral Load on completion.

19% female, 81% male.

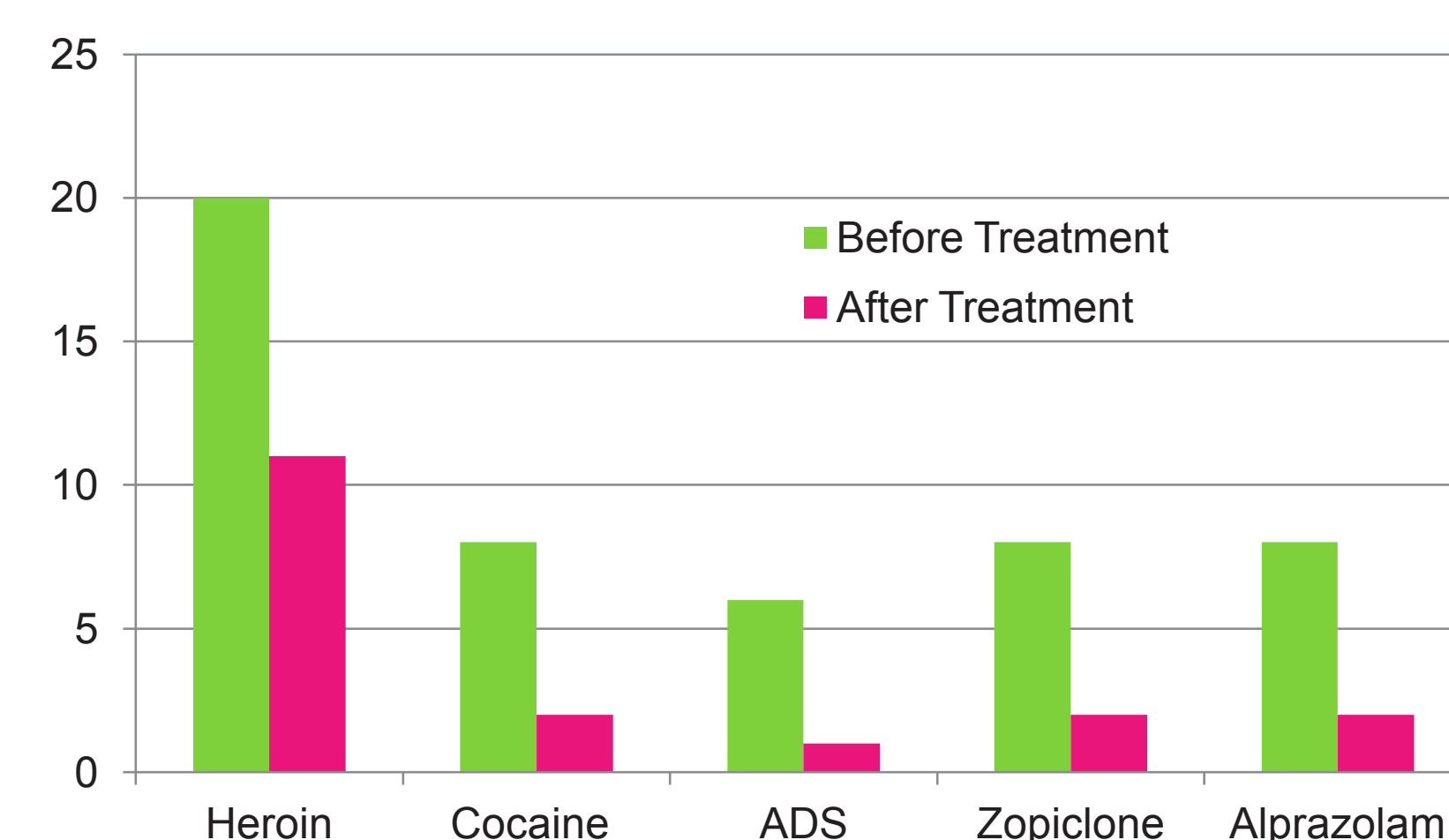
Sustained Viral Response (SVR) 3 months post treatment in all patients who have reached this milestone

There are currently 22 patient in treatment

Compliance with medication was excellent.

Missed doses 1.5%)

Drug & Alcohol use among 31 patients who completed HCV Treatment



## DISCUSSION

Reflections on Treatment Model: It is possible to successfully treat a challenging cohort of patients at an Opioid Substitution Clinic.

Many of these patients had previously been referred to Hospital Hepatology Services and failed to attend.

- Treatment with pan genotypic regimens
- Provision of psychosocial supports
- Trained Peer support
- Readily available Fibro Scan, Fib 4 and ASTI
- Hepatitis C specialist nurses
- Local in house training for Doctors and Pharmacists

**Make treatment for uncomplicated patients very accessible in Addiction Services.**