Pursuing micro-elimination of HCV among PWID in an OST clinic in Southern Switzerland: the implementation of DAA therapy through an interdisciplinary approach

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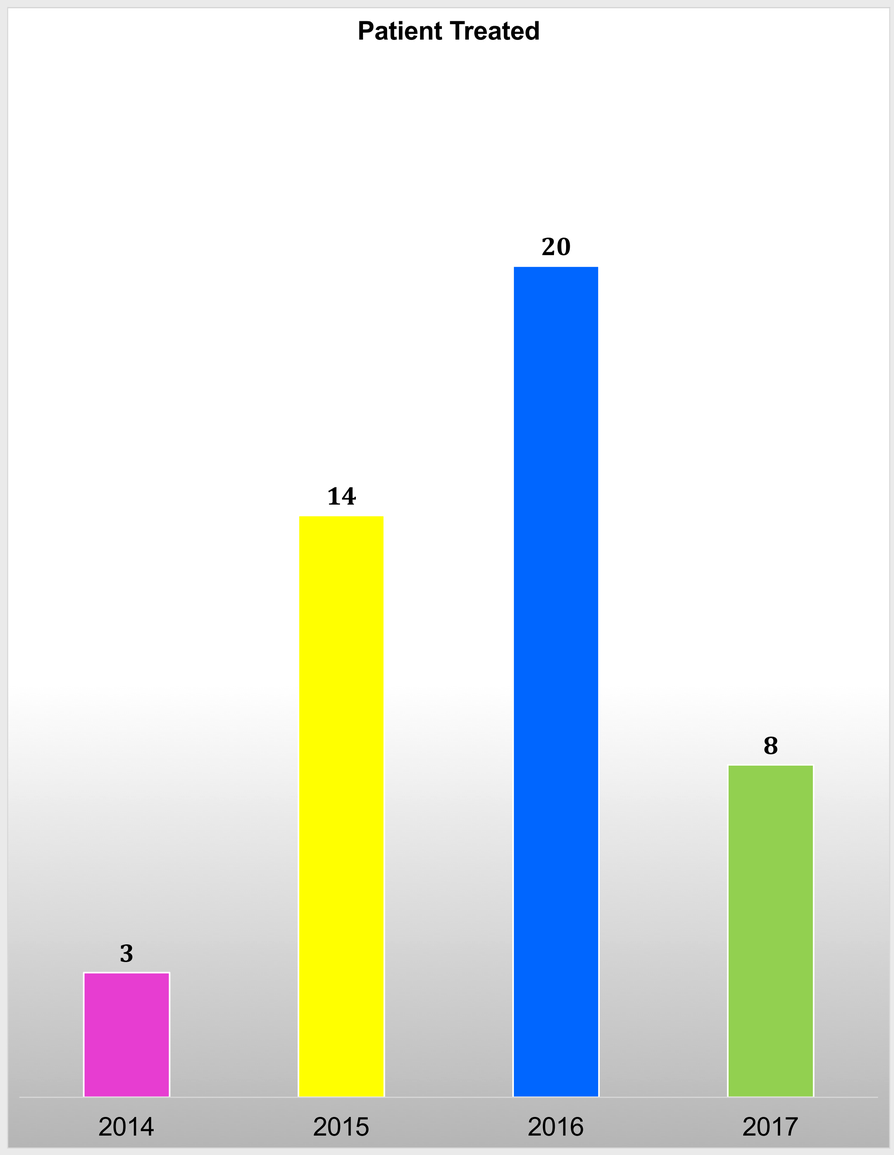
INTRODUCTION

People who inject drugs (PWID) are a population that has been historically disadvantaged in term of limited access to medical care and poor health condition. For instance, PWID are hardly to profit of regular medical assessment, despite a high prevalence of comorbidities, such as HIV and hepatitis infections, liver disease and others.

Scientific evidence and clinical experience shows that integrated care delivered through a multidisciplinary team including treatment of addiction, psychiatric care, social support together with internal medicine and specialized HIV/HCV care could be the best condition to manage healthcare in this population.

An interdisciplinary approach integrating multiple levels of care «all under one roof» could provide the right condition to remove barriers and could allow the possibility to most disadvantaged patients to access to care.

A good example of the efficacy of this approach has been the implementation of an integrated model with the focus on hepatits C in an addiction center in Southern Switzerland.

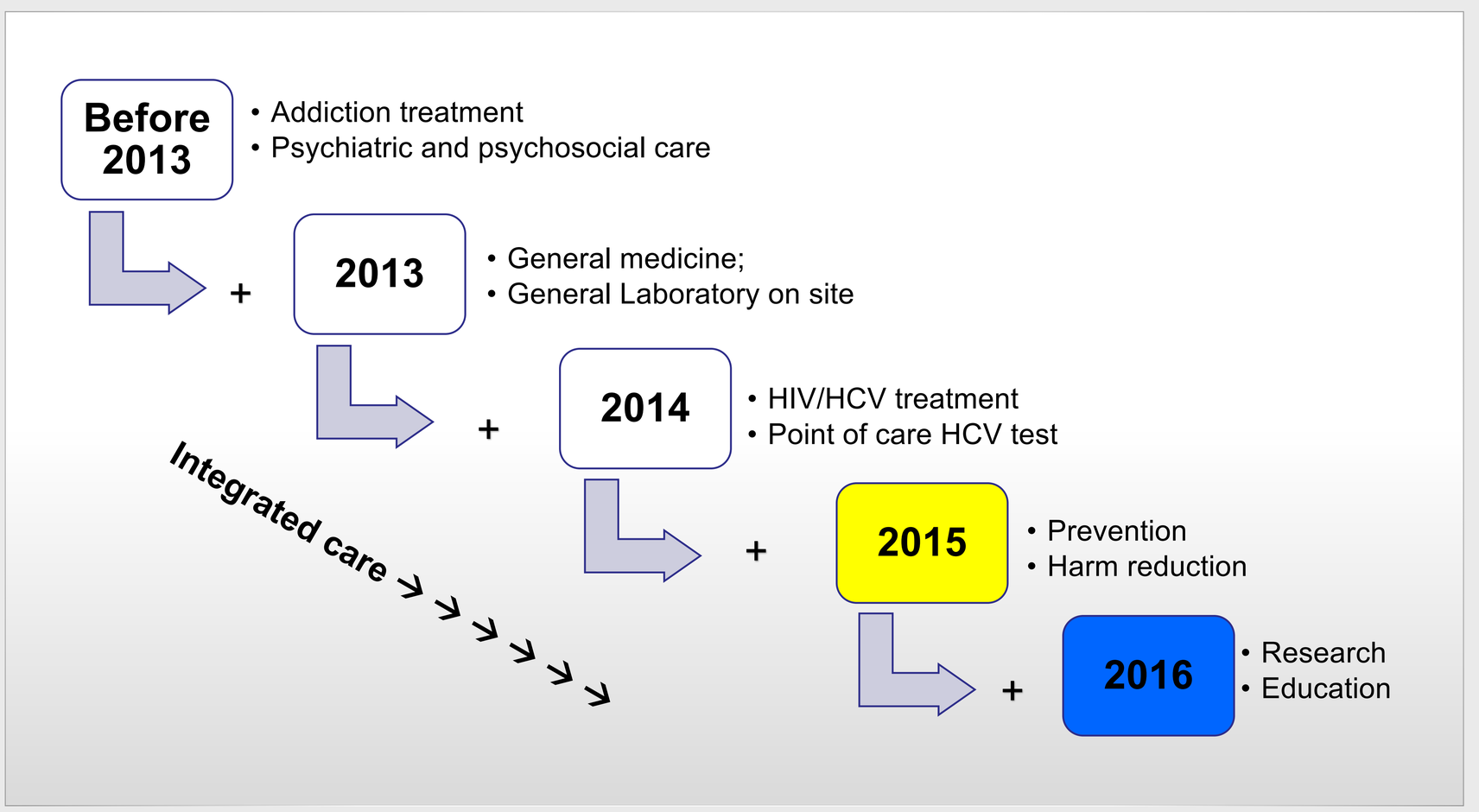


METHODS

We described the evolution of HCV treatment delivery in an addiction center in Southern Switzerland, with an average number of patient on opioid substitution therapy (OST) attending of about 120 per year. Since the introduction in 2014 in Switzerland of directly-active-antivirals (DAA) therapy and the removal of prescription limitation in early 2017, the number of patients treated for HCV increased together with implementation of an interdisciplinary model of care, involving one HCV specialist, 5 trained nurses, 3 psychiatrists, 5 psychosocial consultant, 3 field workers and 5 low-threshold community workers. Beside medical and psychiatric care, addiction care, psychosocial support, the center provides harm reduction service and the support of primary needs, such as help in daily nutrition and personal hygiene.

In this setting, a point of care HCV testing with a linkage to care strategy was implemented, with the contribution of different members of the team according to their role and competence. The interdisciplinary model included also educational events for the whole staff, liver disease screening events for patients and the use of oral test as first-line HCV screening.

THE CASCADE OF INTEGRATED CARE: DIFFERENT STEPS OF IMPLEMENTATION OF HCV TREATMENT STRATEGY IN AN INTERDISCIPLINARY MODEL



RESULTS

Until 2013, only 3 patients had been treated in the addiction center with interferon-based antiviral therapy. After the advent of DAAs in Switzerland, 3 patients were treated in 2014, while 14 and 20 patients received treatment in 2015 and 2016. Eight patients were treated in 2017.

Of 45 patients treated since 2014, 4 got reinfected with HCV, 2 died during treatment and 3 died after the end of treatment. To patients who got reinfected, HCV retreatment will be offered.

CONCLUSION

Access to HCV treatment evolved together with the training of the multidisciplinary staff and the involvement of patients in project of HCV screening and linkage to care. Micro-elimination of HCV from all the patients attending our clinic seems to be feasible in a relatively short time, with the empowerment of all different actors: physicians, nurses, psychosocial staff and patients.

Disclosure of Interest Statement:

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