

Feasibility Of A Global Out Of Wall Assessment Of Hepatitis C Liver Disease In a Drug Service

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INTRODUCTION

New direct acting antiviral against chronic hepatitis C virus (HCV) have drastically changed and shortened duration of treatments. However, the “HCV care course” (from diagnosis to HCV cure), represents an important challenge to achieve the extinction of the epidemic. Aim of this study was to assess the acceptability and feasibility of a global out of wall assessment of HCV disease.

METHODS

Screening proposed to outpatients of a CSAPA (center for care, support and prevention in addictology) in Paris suburbs.

CSAPA provide opioid substitution therapy (OST), medical consultations and social services.

On site screening was announced by the staff one month before.

Screening on fingerstick blood:

HCV Ab: Toyo®, Nephrotek

HCV RNA: Xpert HCV®, Cepheid

Dried blood spots (DBS) to confirm

HCV status and assess HBsAg and

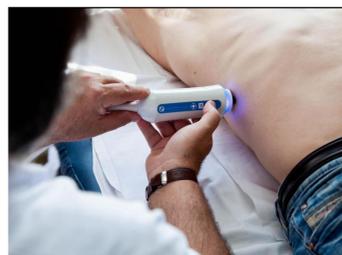
HIV status : serology on Cobas®,

Roche

Patients were also asked to complete a short questionnaire



Elastography : liver fibrosis assessment



RESULTS

Blood finger stick sampling was proposed to the **26 patients** visiting the CSAPA on the screening day, with 100% of acceptance: **19 (73%) were HCV+ and 6/9 (23%) had detectable HCV RNA**

Screening Results

N°	Age	sex	HCV RDT	HCV RNA Cepheid	DBS HCV RNA Abbott	DBS HCV	DBS HIV	DBS HBsAg
1	53	M	+	+	+	+	+	-
2	53	F	+	NA*	-	+	-	-
3	39	M	-	-	-	-	-	-
4	53	M	-	-	-	-	-	-
5	54	F	+	-	-	+	-	-
6	51	F	+	-	-	+	-	-
7	48	M	+	-	-	+	-	-
8	53	M	+	+	+	+	-	-
9	48	F	-	-	-	-	-	-
10	33	M	+	+	+	+	-	-
11	50	M	+	-	-	+	-	-
12	53	M	+	-	-	+	-	-
13	47	F	-	-	-	-	-	-
14	29	M	+	-	-	+	-	-
15	44	M	+	-	-	+	-	-
16	49	M	+	-	-	+	-	-
17	45	M	+	+	+	+	-	-
18	30	M	-	-	-	-	-	-
19	40	M	+	+	+	+	-	-
20	53	M	+	-	-	+	-	-
21	42	M	+	NA*	+	EQ**	+	-
22	54	M	+	-	-	+	-	-
23	50	F	-	-	-	-	-	-
24	46	M	-	-	-	-	-	-
25	54	M	+	-	-	+	-	-
26	48	M	+	-	-	+	-	-

HCV RNA results using the Xpert HCV RUO, the results could be available the same day, except for 2 samples with pipetting problems (NA*);

DBS were processed in the clinical virology lab; results were given in a delayed manner at the following consultation: HCV RNA POCT results were confirmed;

RESULTS

Patients' Characteristics		Disease History	
	Total n=26	Virus testing in the previous year	
Males	22 (85%)	HIV	10 (38%)
Age (Years)	47+/-7	HCV	12 (46%)
Unemployed	24 (92%)	HBsAg	4 (15%)
		HCV history	
Ongoing Alcohol abuse	10 (38%)	Previous HCV treatment	9 (35%)
History of injecting drug use	25 (96%)	Previous SVR	8/9
		Fibrosis assesment	
OST	23 (88%)	Median stiffness	9.6 KPa
		Advanced fibrosis (LSM≥12.5kPa)	4 (15%)

CONCLUSION

This **complete on site assessment of HCV infection was feasible and easily accepted** by patients.

Results available on the same day allowed to propose to 4 patients a specialized consultation with an hepatologist within <2 weeks to consider treatment, however only 2 attended : this emphasizes the importance of getting closer to this “**difficult to reach**” population and to consider “**test and treat**” strategies.