

Test and treat :

6 Years of HCV rapid testing among drug users in the Bayonne area (France)

Olaizola C⁽¹⁾⁽²⁾, Maitre C⁽¹⁾, Bidart E⁽¹⁾, Duhalde A⁽²⁾, Bidegain M⁽²⁾, Rouch A⁽²⁾, Audemar F⁽³⁾, Auriacombe M.⁽⁴⁾⁽⁵⁾, Daulouède JP⁽¹⁾⁽²⁾⁽⁵⁾

1 : BIZIA addiction clinic and harm reduction center, Bayonne, France. 2 : Médecins du Monde Bayonne harm reduction mission, France. 3 : Hepato Gastroenterology Department, Hospital, Bayonne, France. 4 : Addiction Clinic, CH Charles Perrens and CHU de Bordeaux, Bordeaux, France. 5 : University of Bordeaux (Sanpsy CNRS USR3413), Bordeaux, France.

Background :

HCV prevalence among drugs users (DUs) remains high. Screening and treatment can be difficult for the most vulnerable and precarious DUs, especially migrants and refugees, with bad life conditions and little or no knowledge of the French health system. Our goal was to provide a comprehensive harm reduction approach to promote facilitated access to HCV diagnosis and treatment among hard to reach DUs.

Description of model of care/intervention :

A team of nurses and social workers was organized as a mobile unit to reach out to vulnerable drug users to provide harm reduction services. The goal was to set a comprehensive approach that covers rapid testing, full blood test (if positive), Fibroscan measure, hepatologist consultation in the addiction clinic BIZIA, AAD treatment initiation and follow up in an outreach setting. Considering the difficulties for DUs to enter treatment, each step is closely monitored by the mobile unit in collaboration with addiction and infectious disease clinics, office-based general practitioners and nurses, social services.

Disclosure of interest statement : None

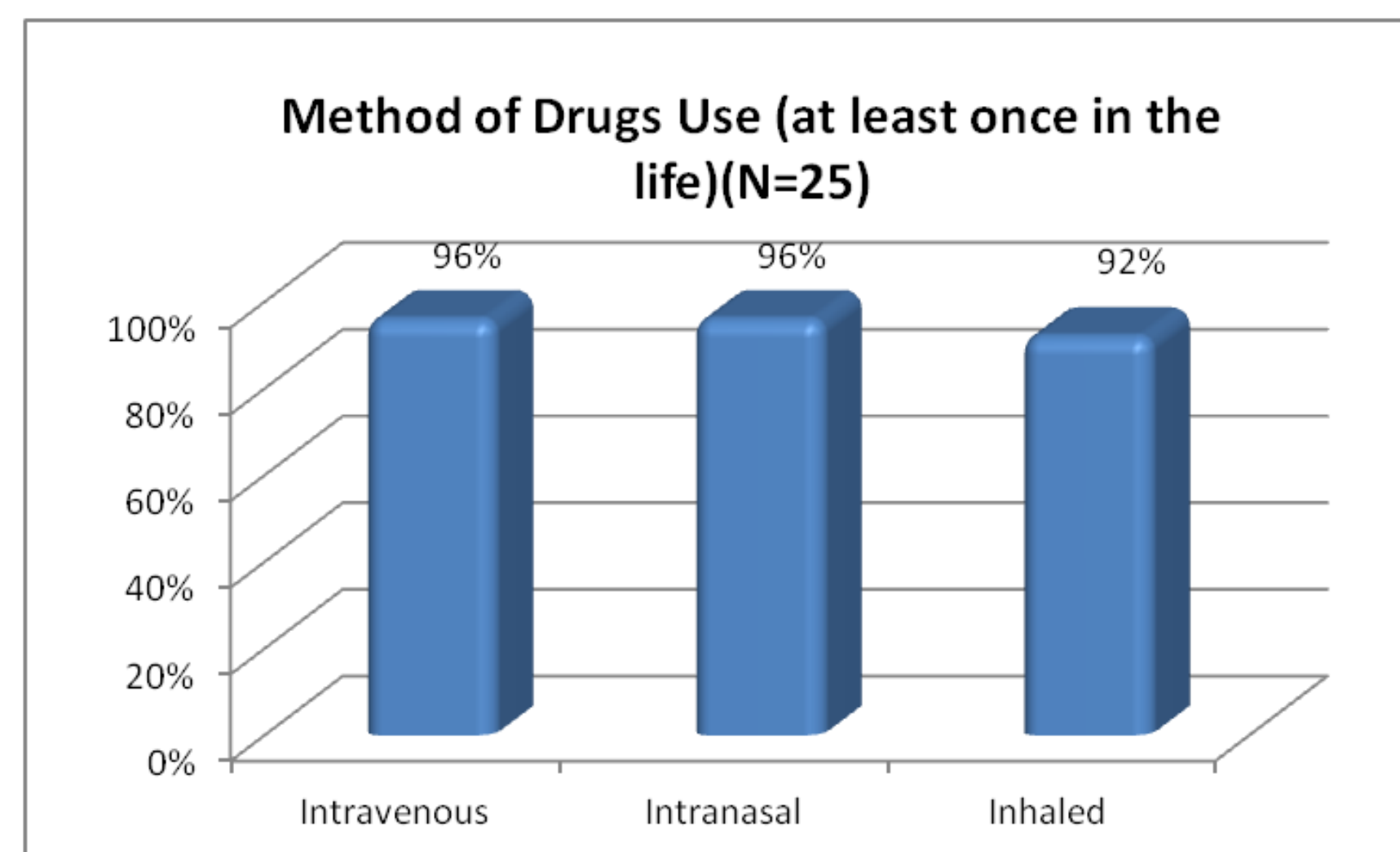
Contact : C. OLAIZOLA / cyrilolaizola@icloud.com

Poster Listing INHSU 2018 : 124

Results :

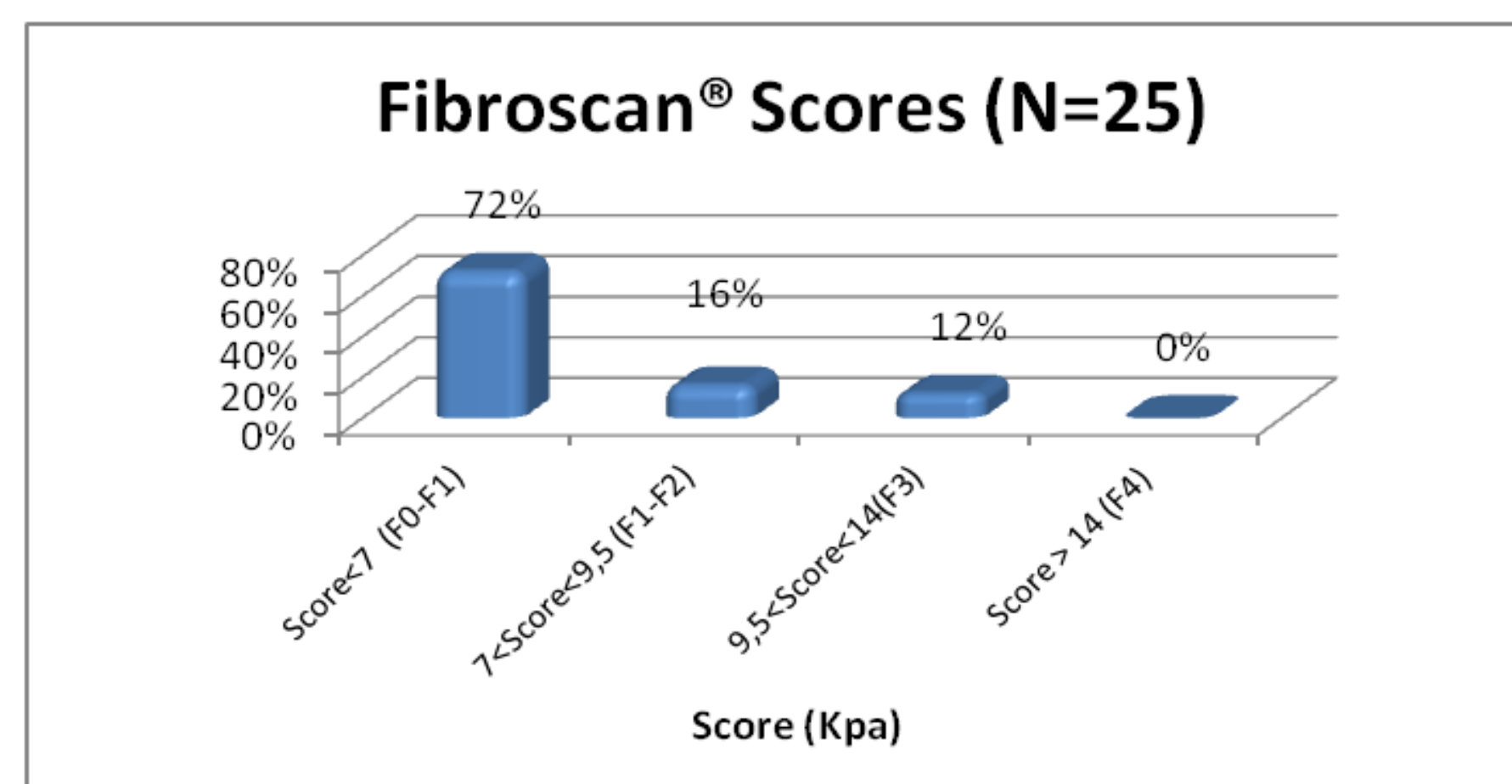
Between January 2012 and June 2018 :

- **593 HCV and HIV Rapid tests done.**
- **27 DUs HCV rapid test positive (4,5 %)**
- **1 HIV rapid test positive (1 co-infected)**
- **89% were men, mean age : 44 years.**
- **15 already knew their serology and 12 did not.**



Among the 25 that followed the next steps :

- **100 % had serological confirmation** with classic blood test or dry blood spot.



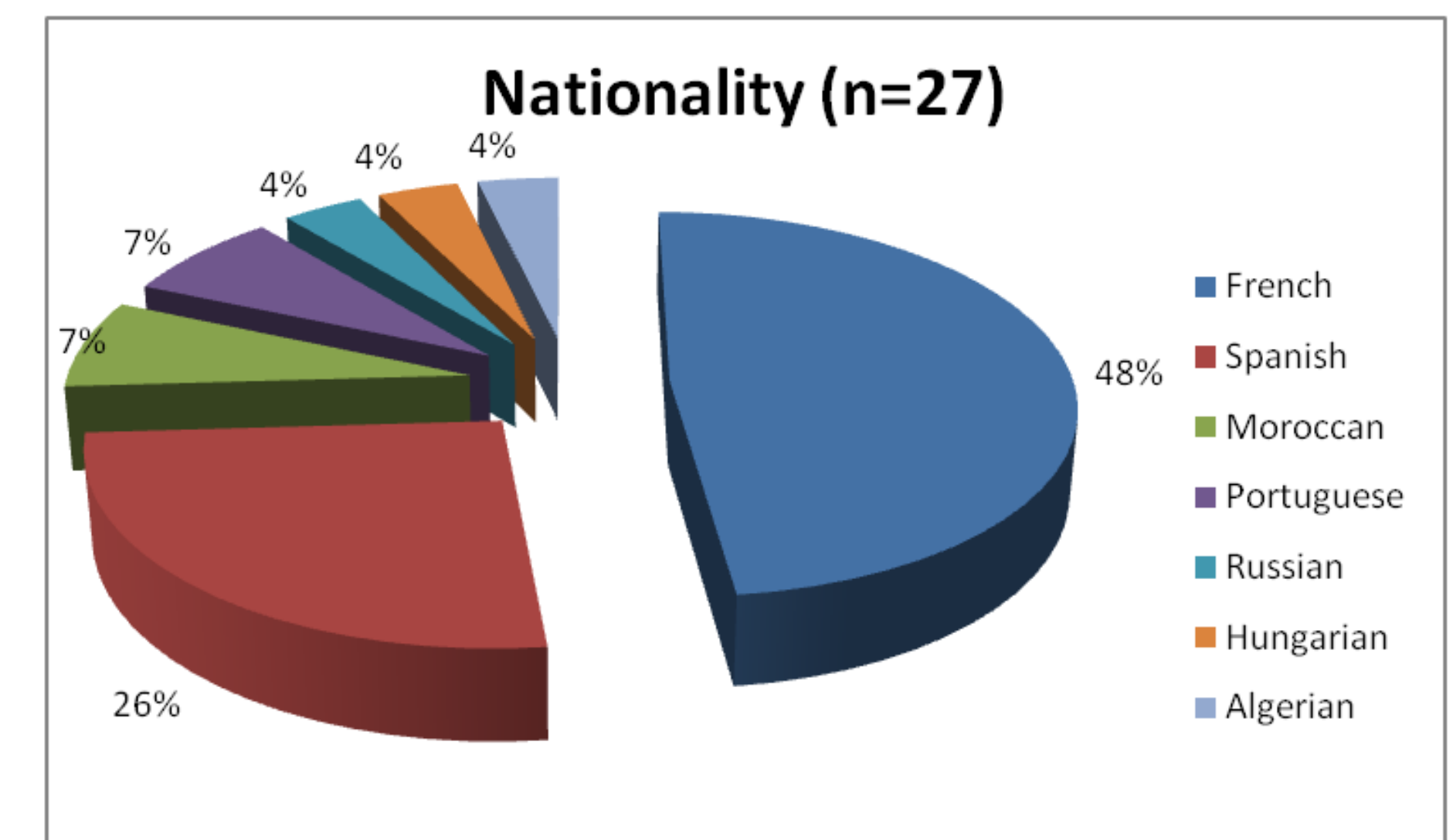
Among the 19 RNA + :

15 (79 %) had at least one consultation with an hepatologist :

- **8 met the hepatologist directly in the addiction clinic BIZIA.**
- **7 met an hepatologist outside of the clinic (private practice, hospital, etc).**
- **10 were treated with an AAD :** 2 are still treated, 7 healed, 1 failed.
- **1 recovered spontaneously.**

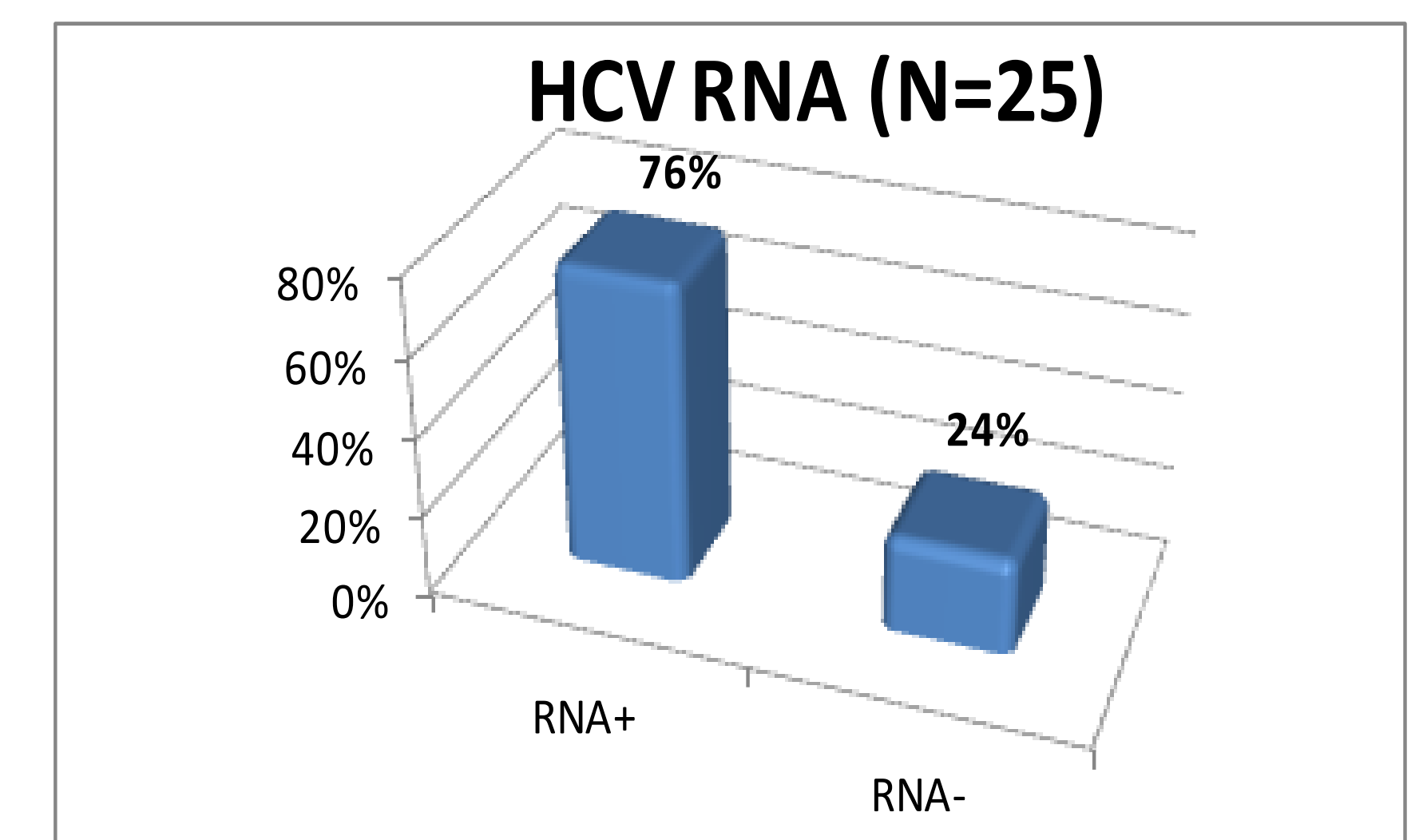
Among the 12 people that declared not to be aware of their contact with HCV before the rapid test :

- **1 refused to go further and was lost to follow-up.**
- **11 had serological confirmation with classic blood test or dry blood spot :** 9 RNA+ / 2 RNA-.
- **Among the 9 RNA+, 8 met the hepatologist, 6 received treatment, 5 are cured and 1 is still treated.**



- **100 % were drugs users.**

- **2 refused to have the test confirmed and were lost to follow-up.**



- **100 % had a Fibroscan®.**

Conclusion :

This **integrated outreach approach for screening and treating HCV** seems to be a good way to initiate and/or avoid care interruptions that could lead to infections. Indeed, rapid test showed a **very good acceptability** among precarious DUs (98% of them accepted the test). Our experience showed that **4,5 % of the precarious and DUs met were HCV+** (more than the general population prevalence).

Our intervention provided an **access to care for nearly 80% of those HCV+ DUs, allowed more than 50% to cure from hepatitis C.**

Infection and reinfection prevention remains a major issue among the most vulnerable DUs.