

EFFICACY OF HCV INFECTION TREATMENT USING A “GO-TO-THE-PATIENT” ACTION AMONG PATIENTS NOT ATTENDING STANDARD MEDICAL CARE CENTRES WITH ACTIVE/ SUBSTITUED DRUG/ALCOHOL ADDICTION AND/OR HIGH SOCIAL PRECARIOUSNESS

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Background: Complete eradication of HCV infection has become a significant challenge with the availability of very efficient pangenotypic oral treatments. It requires to detect and treat the population with the highest prevalence of HCV infection (active/substitued drug users, migrants, highly precarious subjects) not attending classical medical care centres.

Methods: In order to encounter these highly exposed patients mostly present in addiction care centres, social housing and food distribution associations, we used advanced consultations based on a “go-to-the-patient” action with a mobile team (a nurse and a physician) to detect and treat HCV and assess potential liver injury with the following tools: HCV detection : HCV quick detection tests, dry blood tests and serum samples when possible; liver evaluation using a portable Fibroscan and serum samples when possible; anonymous questionnaire to evaluate alcohol/drug addiction and social situation.

Results: During a one-year-action study, 62 patients detected with positive serum HCV RNA . Patient profile: 29-67 years, median 40 years; male/female 78.8%/21.2%. HCV-monoinfection n=60, HCV-HIV co-infected n=2. Patients with social security 89%, an income 9%, social financial support 69%, no income: 22%.

Fibrosis stage (Fibroscan elastography): F4 n=3, F3 n=4, F2 n=4, F0-FI n=51 .

Genotype: HCV1a n=27, HCV1b n=2, HCV3 n=20, HCV4 n=2, not tested n= 11.

Anti viral treatment with therapeutic education was performed in 48/62 patients (77.4%) with the following results: 44/48 (91.7%) sustained virologic response (>12 weeks post-treatment); 4/48 (8.3%) waiting for HCV post-treatment. Excellent treatment tolerance. No drug interaction. There has been no treatment initiation in 14 patients (23.6%) due to: loss of follow-up n=6 (9.7%), no social rights n=6 (9.7%), treatment declined by the patient n=2 (3.2%).

Conclusion: These results indicate a high viral eradication rate and encourage increased HCV detection and treatment using an advanced consultation based on a “go-to-the-patient” action in these difficult-to-treat patients.

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