

# Eliminating Hepatitis C in at risk groups - Achieving 100% testing in city centre opioid agonist therapy cohort and ensuring successful linkage to treatment

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## Aims

The Scottish Government recently published ambitious new targets aiming for elimination of hepatitis C (HCV) in Scotland by 2024, six years ahead of the WHO goal of 2030. Case finding targets in at-risk groups have been set nationally: 80% "tested in last year" and 90% "ever tested".

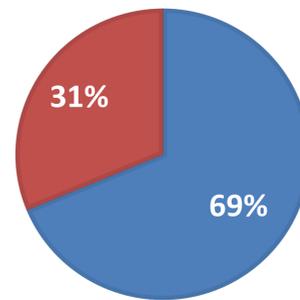
The project aims were to:

- Achieve annual HCV testing targets in a city centre drug treatment service
- Identify all HCV+ve patients engaged with opioid agonist treatment (OAT) and link with HCV treatment services
- Optimise testing of all new patients/transferred patients at first contact
- Optimise on-going testing of at-risk OAT group
- Incorporate HIV testing as routine part of blood borne virus (BBV) screen



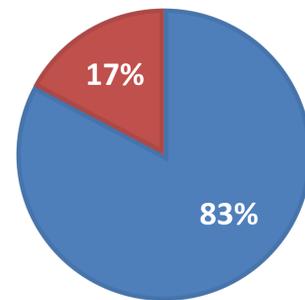
## PATIENTS' CHOICE OF TREATMENT SETTING

■ Outreach ■ Hospital



## TREATED PATIENTS CHARACTERISTICS

■ Male ■ Female



Age range 29-68 years  
mean 44.9 years old

## Methods: Case Finding

- Identify HCV champion to take ownership and co-ordinate project
- Audit of clinical systems (EMIS Web and Clinical Portal) to identify patients current BBV status and last test date
- Reduce stigma by training staff in testing discussions
- Implement "opt out" testing - regardless of patient's perceived risk level
- Test all patients "at risk" or untested in past 12 months
- Use dry blood spot tests in non-clinical settings
- Undertake testing on treatment initiation, during quarterly prescribing reviews or when patient transfers into team
- Give results to patients at next appointment
- HCV+ve patients have choice of standard hospital referral or community outreach HCV clinic

## Methods: Treatment

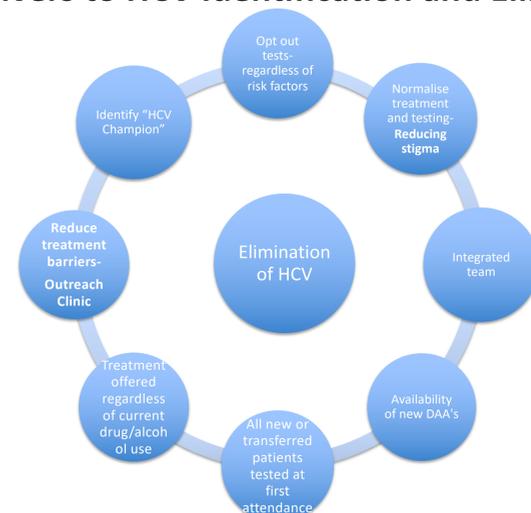
- Community outreach HCV clinic integrated with community OAT clinic
- Staffed by specialist liver nurse, senior HCV nurse, drug service pharmacist independent prescriber and drug service care managers
- Range of interventions available:
  - Venous bloods - confirm status and genotype
  - OAT assessment and treatment
  - Harm reduction interventions: needle replacement, foil, naloxone, condoms
  - Fibroscan
  - Physical health assessment
  - HCV Treatment discussion
- Cases taken to gastroenterology multidisciplinary meeting
- Treatment date agreed with patient
- Prescription sent to patient's pharmacy of choice for daily supervision with OAT
- Treatment initiation following pre-treatment telephone counseling by specialist liver nurse
- Patient returns to outreach clinic for bloods at end of treatment, 12 week sustained viral response (SVR) and 24 week SVR
- Clinic staff provide ongoing support via phone during treatment if required

## Results: Treatment

	June 2018- Aug 19
HCV treatment completed or on treatment	57
Assessed awaiting HCV treatment start date	7
Outstanding HCV assessment	0

- 100% of OAT patients were tested for HCV during June 2018 – August 2019
- 100% of OAT patients have been assessed for HCV treatment between June 2018 and August 2019
- 1 patient is restarting HCV treatment after temporarily stopping following distress of new HIV diagnosis
- Both patients diagnosed with HIV during testing period are now compliant with anti-retrovirals and have undetectable viral load

## Key drivers to HCV Identification and Elimination



## Results: Case Finding

	2017-18- baseline	2018-19
Number Patients on OAT	240	250
Number untested > 12 months	64 (27%)	0 (0%)
New HCV diagnosis	3	14
New HIV diagnosis	0	2

- There were 14 new diagnoses of HCV in the testing period.
  - 9/14 (64%) had no record of a previous test.
  - 1/14 (7%) had F4 fibrosis and 1/14 (7%) F2 fibrosis on scanning.
- 3 monthly testing of those with ongoing IV risk allowed new cases to be identified in the early stages of disease.
- Two patients HIV diagnosed and two HCV using this method which may not have been identified for a further 9 months if only undertaking annual testing.

## Conclusions

Having a drug treatment staff member with a "HCV champion" role with responsibility for testing targets and co-ordination of access to care, delivered high testing and treatment rates within current resource by use of a systematic approach and enthusiastic leadership.

Introduction of the community HCV outreach clinic linked to OAT appointments streamlined care, reducing barriers to treatment.

Drug treatment services should consider implementation of the champion role and combined outreach clinic as we work towards WHO HCV elimination targets.

"I thought I would just die with it, can't believe I'm clear and it was so easy"

– Diagnosed 15+ years ago

"I still don't know where I got it from as have never used IV drugs, so thankful I got tested and treated"

– 42 year-old male

"Never thought I'd get treated as I still drink and use drugs"

– 51 year-old male

References: Scotland's Hepatitis C Action Plan: Achievements of the first decade and proposals for a Scottish Government Strategy 2019 for the elimination of both infection and disease (2019)

Conflict of interest:  
T Ritchie: Ad. board Camarus and ed. grant Indivior.  
No other author has conflict.