

Access to Hepatitis C care for hard to reach PWID: Feasibility of rapid saliva tests and fibrosis assessments in drug consumption rooms

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Background

Patient engagement among people who inject drugs (PWID) is limited because of insufficient availability of need-adapted, low threshold health care settings for this vulnerable group. In addition, PWID are often reluctant to have their blood taken. These are two reasons why only a low number of PWID are in adequate Hepatitis C (HCV) care to be assessed, diagnosed and treated. Providing transient elastography (TE) and non-invasive HCV testing has been shown to be effective to engage PWID in Hepatitis C care ^(1,2).

Can PWID who are unaware of their HCV status be reached by integrating non-invasive testing in low threshold services like consumption rooms?

Methods

Anonymous Hepatitis C counselling, rapid saliva tests and transient elastography (TE) scans were provided free of charge over a period of six half days in the drug-consumption rooms (DCR) of Zurich.

Patients who tested positive were encouraged to have a capillary blood sample taken for HCV RNA testing and genotyping. Patients diagnosed with HCV were referred to an addiction unit with integrated hepatitis care for further assessment and treatment.

Drug Consumption Rooms (DCRs)

Injection facility in a drug consumption room in Zurich:



Professionally run legal facilities where people can consume drugs (obtained elsewhere) in a safe and supervised environment

- Low threshold access and service
- Run by teams of nurses and social workers
- Governed by Zurich city council
- Two main rationales:
 - They provide access to a hard to reach high-risk population (Public Health)
 - They keep drug users out of public spaces (Social Security)

- Services:
 - Supervised injecting and smoking rooms
 - Provision of sterile injecting, smoking and inhaling equipment
 - Immediate resuscitation after overdose
 - Primary health care, social work, referral to drug treatment

Results

Of the 160 to 260 PWID who frequent a DCR over the course of a year (on an intermittent or regular basis)

- **86 patients agreed to participate in our study**
- **88% (76) agreed to a rapid HCV antibody test, 90% (77) to a transient elastography (TE) scan**

Patient characteristics (n=86)	% (n)
Median age	43 years (21-69)
Male	70% (60)
History of intravenous drug use (IDU)	55% (47)
Receiving treatment in substitution programme	65% (56)

- **39% (30) rapid saliva antibody tests positive**
- **16 of the 30 PWID with a positive rapid test result agreed to a blood sample**
- **10 tested positive for HCV RNA (13% of all tested for HCV antibodies)**

TE (transient elastography) scan results (n=77)	% (n)
F0, F1 (<7.1kPa)	54% (63)
F2 (>7.1–9.4 kPa)	21% (16)
F3, F4 (>9.5 kPa)	13% (10)

Discussion

In drug consumption rooms HCV rapid saliva tests combined with transient elastography (TE) scans are feasible and received well by PWID.

Bringing HCV care to low threshold services is a promising way to engage PWID in HCV and liver health care.

(1) Foucher J, Reiller B, Jullien V et al. FibroScan used in street-based outreach for drug users is useful for Hepatitis C virus screening and management: a prospective study. *J Viral Hepat* 2009; 16 (2): 121-131.

(2) Moessner BK, Jorgensen TR, Skamling M, et al. Outreach screening of drug users for cirrhosis with transient elastography. *Addiction* 2011; 106 (5): 970-976.