Expanding access to hepatitis care among people who inject drugs (PWID):

One Year of Fibroscans at the Kirketon Road Centre

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Introduction

National and NSW Hepatitis C (HCV) strategies identify primary health care and sexual health services as crucial for expanded assessment and treatment of HCV.

With the advent of effective new therapies for HCV it is important that people living with HCV are aware of their liver health, and that publically funded services provide accessible assessment for the most marginalised clients.

The Kirketon Road Centre (KRC) is a targeted primary health care facility in Sydney's Kings Cross, involved in the prevention, treatment and care of HIV, STIs and viral hepatitis to people who inject drugs.

Since April 2014, KRC has used a portable fibroscan on site and at outreach clinics held at The Langton Centre (a drug and alcohol service), the NSW Users and AIDS Association Needle and Syringe Program, the Sydney Medically Supervised Injecting Centre, and the Sydney Sexual Health Centre to assess clients for liver disease.

KRC has utilised the Fibroscan as an engagement tool in an outreach setting, where formal diagnosis may not be available, in order to encourage hard to reach clients who would not normally attend services to access care.

The Fibroscan device assesses the degree of "liver stiffness" by the technique of transient elastography, and has largely replaced the need for liver biopsy in Hepatitis C management.

Aim

The aim of this study was to describe the characteristics of clients who underwent a fibroscan during the first year of use at KRC, their fibroscan results, and retention in care.

Methods

Clients who underwent a Fibroscan from April 2014 until July 2015 were identified from the clinic database.

Data was collected from the medical notes on demographics, Fibroscan results, diagnoses (if known) including HIV status, Hepatitis B and C status, and Hepatitis C genotype.

Hepatitis C was defined as being HCV PCR positive, and Hepatitis B as being surface antigen (sAg) positive.

Linkage to clinical care was defined as attending KRC after an initial Fibroscan.

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Results

Fibroscans were performed on 240 clients

165 were performed at KRC, and 75 on clinical outreach

Table 1. Demographic characteristics, diagnosis, and follow-up of clients receiving a fibroscan, April 2014 – July 2015.

	N	%
Fibroscans performed	240	100
Age, median	42 years (IQR 34-49)	
Gender		
Male	160	67
Female	76	32
Transgender	4	2
Aboriginal or Torres Strait Islander	21	9
Injecting drug use	209	87
Sex work	69	29
Blood-borne viral infection		
HCV PCR positive	150	63
HCV / HIV co-infected	11	5
HIV positive	4	2
HBV sAg positive	24	10
HBV / HIV co-infected	1	<1
Unknown	50	21
Diagnosis		
F0-1 fibrosis	171	71
F2 fibrosis	34	14
F3 fibrosis	17	7
F4 fibrosis	18	8
Linkage to care	147	61
With F3-4 fibrosis	30/35	86

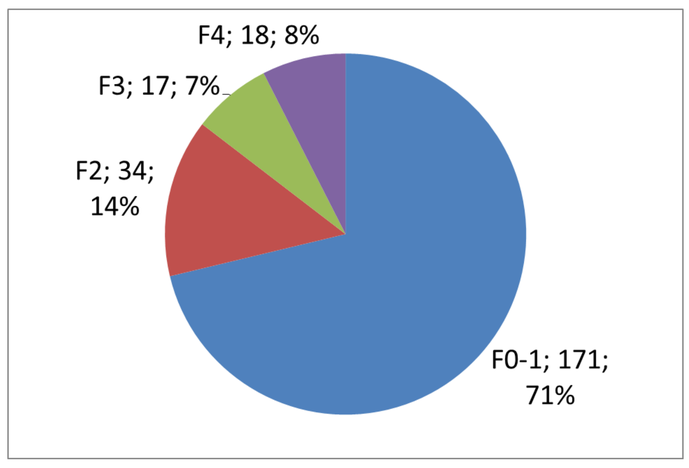

Figure 1. Liver fibrosis among clients receiving a fibroscan, April 2014 – July 2015

Of those with a known Hepatitis C genotype (n=104), 58 (56%) were Genotype 1, and 41 (39%) were Genotype 3.

Additionally 13 clients were able to access clinical trials of interferon-free Hepatitis C treatment

Follow up was lower for clients seen on outreach, and this was associated with the degree of liver fibrosis: 14/20 (70%) of clients assessed as having F2 or greater liver fibrosis on outreach attended follow-up compared to 14/55 (25%) of those with F0-1 disease (p<0.001 Chi-square test)

Conclusion

This study demonstrates the utility of delivering a fibroscan service both in a primary health facility, and in outreach harm reduction settings.

Fibroscan uptake and linkage to care was achieved for these marginalised populations, many of whom were not accessing hepatitis care through traditional settings.

Linkage to care was high for those engaged on outreach who had evidence of moderate liver fibrosis (≥F2), but lower for those with no or mild fibrosis only (F0-1), suggesting that opportunistic Fibroscan screening is most successful at linking to care if it demonstrates significant fibrosis. Further work is required to motivate those not found to have significant liver fibrosis to attend clinic for complete clinical investigation and care.

The hepatitis C strategy's focus on primary health care and harm reduction settings outreach for HCV care and treatment in an era of interferon-free therapy appears feasible.