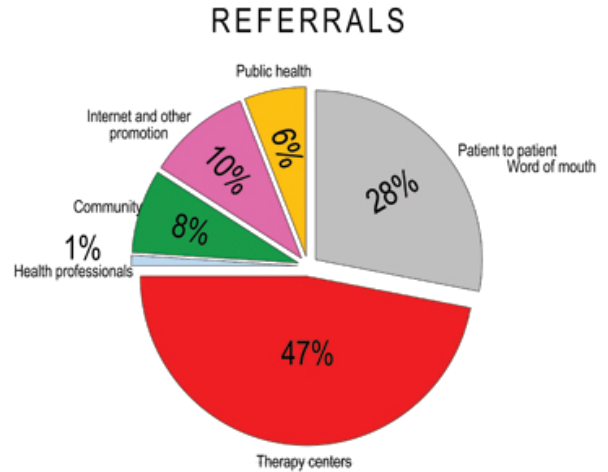
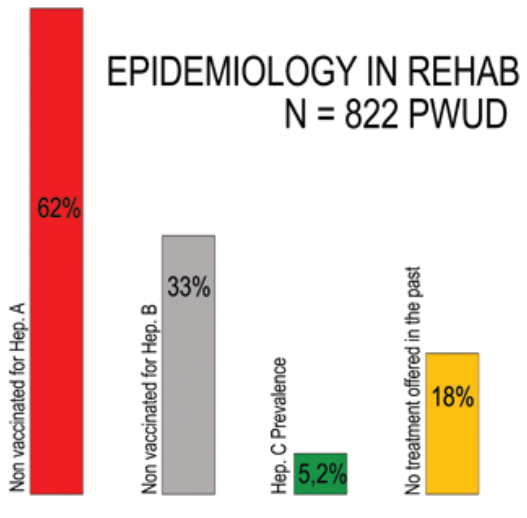


## BACKGROUND:

In Quebec, 63% of HCV (hepatitis C virus) cases are among PWUD<sup>1</sup>. Access to testing and care is particularly difficult because of the different stigmas against this population. In 2014, only 14.8% of PWUD had access to a treatment<sup>2</sup>.



## EPIDEMIOLOGY IN REHAB CENTERS N = 822 PWUD



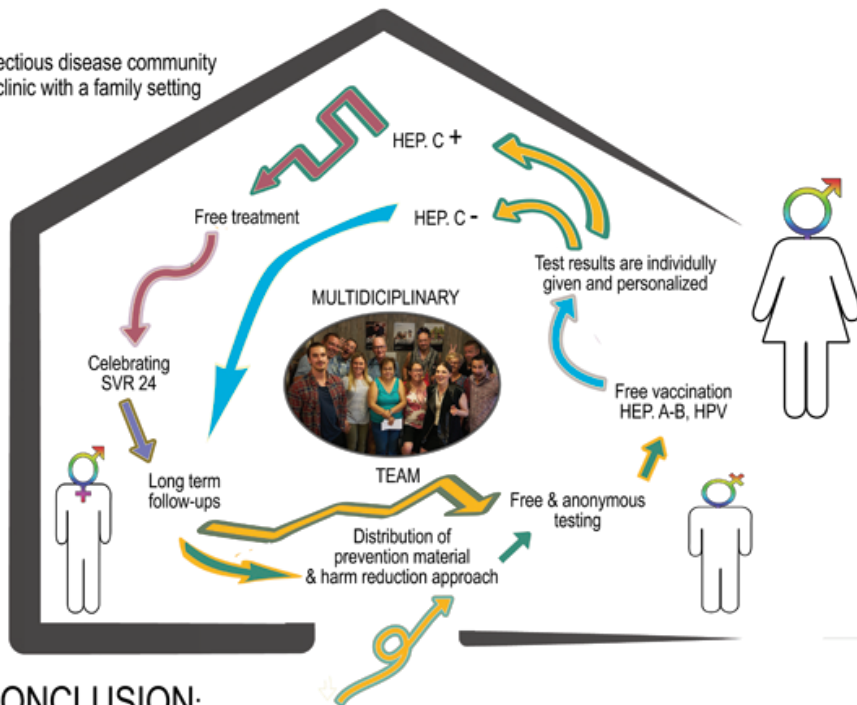
## METHODS:

From 2014-2016, our community clinic reached PWUD by 1: offering HCV-HIV-STIBBI education and testing activities in rehabilitation centers. 2: promoting word of mouth from patient-to-patient. Tests were free, anonymous, included all STIBBI and free vaccination. HCV patients were linked whether they had Medicare or not and engaged in weekly treatment with holistic care and a harm reduction approach. The data analyzed comes from 822 PWUD that were reached out from rehab centers, another 172 PWUD who followed the HCV treatment and all 5802 tests our clinical team conducted.

## RESULTS:

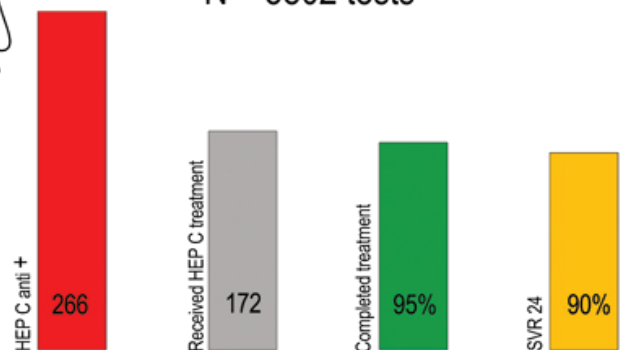
Most referrals were from word of mouth (patients) and from rehab centers. Tests showed a low immunity rate for HEP A and B despite a national vaccination program. HEP C prevalence in rehabilitation center was of 5.2%. All PWUD engaged in treatment if they had access to it; 18% had never been offered a treatment in the past. **86%** of patients who did a treatment were cured. Only **5% did not complete** the whole treatment and **5%** did not show up for a final assessment once the treatment was completed. **90% of patients remain linked to the clinic 6 months after completing treatment.** Only **3 reinfections** occurred.

Infectious disease community clinic with a family setting



## LINKING PWUD TO PREVENTION AND CARE

N = 5802 tests



## CONCLUSION:

In a welcoming and flexible environment, PWUD engage easily in care and are observant. PWUD are an effective means to reach out to others. Rehabilitation centers provide an easy access to a renewable pool of people infected or at risk. Of all PWUD living with HCV, 37% did not meet treatment government reimbursement standards. HCV education and prevention reduced reinfection even with DAA. Therefore, treatment and follow up services should be available to all PWUD.

## References

1: Portrait des infections transmissibles sexuellement et par le sang (ITSS) au Québec : année 2015 (et projections 2016),  
2 : Sur/UDI, 2014

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