

FEASIBILITY OF A GLOBAL OUT OF WALL ASSESSMENT OF HEPATITIS C LIVER DISEASE IN DRUG CENTER (SERVICE)

Antonini TM¹⁻⁴, Deschenau A⁵, Le Pape S^{3,6}, Tateo MG¹⁻⁴, Roque-Afonso AM^{3-4,6}.

1 AP-HP, Hôpital Paul Brousse, centre hépato-biliaire, Villejuif, 94804 France

2 INSERM U1193, Villejuif, 94804 France

3 Univ Paris-Sud, Villejuif, 94804 France

4 DHU Hepatinov

5 GH Paul Giraud, Pôle Addictions, Villejuif, France.

6 AP-HP, Hôpital Paul Brousse, Laboratoire de Virologie, Villejuif, 94804 France

Background:

New direct acting antiviral against chronic hepatitis C virus (HCV) have drastically changed and shortened duration of treatments. However, the “HCV care course” (from diagnosis to HCV cure), represents an important challenge to achieve the extinction of the epidemic. Aim of this study was to assess the acceptability and feasibility of a global out of wall assessment of HCV testing using rapid diagnostic tests (RDT).

Methods:

During one day, HCV screening was proposed to the outpatients of an addictions' care center in Paris suburbs that provides opioid substitution therapy (OST), medical consultations and social services. The screening on site was announced by the staff one month before.

HCV status was assessed by point of care tests (POCT) on finger stick capillary whole blood (HCV Ab: Toyo(®), Nephrotek, and HCV RNA: Xpert HCV(®), Cepheid). In addition, dried blood spots (DBS) were taken to confirm HCV status and to assess HBsAg and HIV status. Moreover elastography was also proposed to assess liver fibrosis.

Results:

Whole blood finger stick sampling was proposed to 26 patients with 100% of acceptance. Demography: Male n= 22 (85%), mean age: 47±7 years; 24 patients (92%) unemployed. Ten (38%) had ongoing alcohol abuse, 25 (96%) had a lifetime history of injecting drug use, with 23 patients (88%) in OST. Twelve (46%), 4 (15%) and 10 (38%) had been tested for HCV, HBV and HIV, respectively, during the last year. Nine (35%) had already received HCV treatment in the past (8 cured and 1 relapsed). The median liver stiffness measurement was 9.6 KPa with 15.4% at risk of advanced fibrosis (LSM≥12.5kPa). Among the 26 patients, 19 (73%) were HCV Ab-positive, 6 (23%) had detectable HCV RNA, two were known HIV-positive and none had positive HBsAg. HCVAb and RNA results were concordant between POCT and DBS.

Conclusion:

This complete HCV assessment realized on site was feasible and easily accepted by the patients. It could be a start before using “test & treat” strategies and showed that different virologic tests could be used according to the context (type of services, staff...).