

HEPATITIS C NURSE AS A CASE MANAGER IN PEOPLE WHO INJECT DRUGS

Authors:

Bielen R^{1,2}, Dercon E^{1,3}, Koc ÖM^{1,2}, Busschots D^{1,2}, Vinken L³, Verrando R³, Vanhees K⁴, Nevens F⁵, Robaey G^{1,2}

¹Hasselt University, ²Ziekenhuis Oost-Limburg, ³Centrum voor Alcohol en andere Drugproblemen (CAD) Limburg, ⁴University Biobank Limburg (UBiLim), ⁵University Hospitals KULeuven

Background:

Despite the high hepatitis C virus (HCV) prevalence in people who inject drugs (PWID), the uptake for HCV care is low in Belgium. In Limburg, this uptake was increased by case management performed by a medical doctor in 2015. We studied whether an increase in uptake of HCV care could also be achieved with a HCV nurse as a case manager.

Description of model of care/intervention:

In this ongoing prospective cohort study, which started in November 2016, case management is performed by a HCV nurse. The nurse informs PWID about HCV, and performs screening (anti-HCV with reflex HCV-RNA) on-site by vene puncture. All HCV RNA positive PWID are referred to the hospital by the nurse, who accompanies them if necessary. Intermediate results were compared to the pilot project performed by a medical doctor in the same setting in 2015.

Effectiveness:

In 2015 and 2017, 310 and 321 clients received opiate agonist therapy in Limburg, respectively. The case manager personally informed 236/310 (76.1%) and 246/321 (76.6%), $p=0.925$. Out of the 236 and 246 informed clients, 198 (83.8%) and 194 (78.8%) accepted on-site screening, $p=0.412$. Linkage to care was high in the HCV RNA positive PWID: 42/56 (75.0%) in 2015 and 43/58 (74.1%) in 2017, $p=0.916$. Eligibility for treatment was 34/42 (80.9%) and 39/43 (90.6%), $p=0.197$. Nevertheless, uptake for treatment was low due to stringent reimbursement criteria in Belgium ($\geq F3$ in 2015, $\geq F2$ in 2017) and only 15/56 (26.8%) patients could be started in 2015 vs. 18/58 (31.0%) in 2017, $p=0.685$.

Conclusion and next steps:

Case management can be performed equally well by a HCV nurse as by a medical doctor. Rates of uptake for screening and linkage to care are high. This approach helps to identify the remaining gaps, and improvements like point-of-care testing and outreaching will be implemented next year.

Disclosure of Interest Statement:

This project has been made possible thanks to a pharmaceutical grant by MSD®, enregistered R-7430 at Hasselt University.

Dr. Rob Bielen has received travel grants from Abbvie®, MSD® and Gilead® to attend scientific congresses.

Prof. dr. Frederik Nevens has received multiple research grants, has received consultancy agreements and has received travel grants from UCB®, Ipsen®, Roche®, Astellas®, Ferring®, Novartis®, Janssen-Cilag®, Abbvie®, Gilead®, CAF®, Intercept®, Gore®, BMS®, MSD®, Promethera Biosciences®, Ono Pharma®, Durect®.

Prof. dr. Geert Robaey has received research grants from Merck Sharp & Dohme®, AbbVie®, Janssen Pharmaceuticals®, and has acted as a consultant/advisor and for Gilead Sciences®, Abbvie®, Merck Sharp & Dohme®, and Bristol Myers-Squibb®.

The other authors have nothing to disclose.