

In Flanders, Belgium, despite the existence of evidence-based interventions targeting one or more steps along the chronic HCV care continuum, we see many undiagnosed infections and poor treatment uptake among People Who Use Drugs (PWUD). The existing examples of good clinical practices remain mostly operational on a local level only and often under the impulse of a few dedicated individuals, leading to large inequalities in access to HCV care.

EXPERTC, A PILOT IN BUILDING A CARE CASCADE FROM THE GROUND UP.

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Hepatologists have limited contacts with PWUD's
 # No link between the hepatologists and the outreachworkers /GP of the drugcentre.
 (situation in January 2018)

In January 2018 we established a pilot project in Sint Niklaas, called 'ExpertC'.

The goal: 'to transfer knowledge and expertise of evidence-based methodologies and good clinical practice to facilities involved in care for PWUD'. This in order to increase awareness and testing, to ensure access to HCV treatment and eventually link PWUD to care.

These action points were addressed, encouraged, adapted and supported to local needs. The first assignment of the ExpertC pilot consisted of the assessment of the present situation and the identification of local needs. The second action point was to bring theory into practice. Through outreachwork, one day a week PWUD were contacted, screened and referred to the new established network.

Hepatologists: expressed their willingness to treat PWID's as patients more intensively.

The GP of the low threshold centre, was eager to participate in the project. Specifically: to inform his clients about the ExpertC project, refer clients to screening and work together with the hepatologists in the context of the project.

Other local GP's and organisations were contacted, gauging their contacts with PWID and their knowledge and needs concerning hepatitis C.

All GP's referred to the low threshold drug centre, outreach and a local health centre 'De Vlier'. But the overall message was: they do not encounter PWID in their offices.

In a meeting with outreach workers, their role in the care cascade was pointed out and information on HCV was transmitted. Outreach workers were interested in referring their clients to the ExpertC-pilot project, aiming for screening and access to the care cascade.

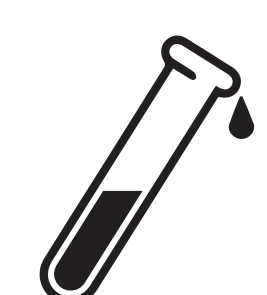
'De Vlier' only had 1 or 2 patients with hep C, but expressed the need for contact with local hepatologists to increase knowledge and to exchange patients.

A justice department was also contacted, given information on HCV and the ExpertC-pilot project. Here as well, the need for more training became apparent. Finally, prior to the start of the pilot, the local police department and the local government were notified.

A low threshold-based trajectory was created, ensuring an easy access for PWID to a PCR, followed by a consultation with a hepatologist.



PWID were contacted in the low threshold centre, via outreach or referral (mainly by outreach workers and the justice department).



An antibody (Ab) screening (by means of finger prick) was performed on site, including pre- and post-counselling including an informed consent. PWID who were screened, completed a questionnaire afterwards.



PWID with a positive AB-status were taken to the hospital to deliver a blood sample for a PCR-test. Therefore, no appointment was necessary, using pre-written blood sample forms.



Finally, an email was sent to the hepatologists, in order to schedule a consultation two weeks later, with ultrasound and elastography.

Remark: PWID had the right to enter the care cascade free of charge, without personal costs (full reimbursement).

The ExpertC-pilot project ran 6 months from January to July 2018 - one day a week. ... and we implemented the local care cascade!

The local health centre 'De Vlier' will screen and refer PWUD.

The GP of the low threshold centre will screen and refer to the hepatologists.

Outreach is informed and will refer to screening and treatment.

Follow-up during treatment will be taken up by both the low threshold centre and outreach work

Needle exchange is established in 2018 and will organise a yearly HCV awareness-week in Sint Niklaas

With limited effort, we can convince the existing network of the importance of their role in the HCV-care cascade; we can guide PWUD towards the care cascade and upscale uptake in screening and treatment for hepatitis C and therefore close gaps.

The future

We are aiming to implement the ExpertC-pilot project in the entire country (Belgium) and establish tailored HCV-care cascades, adapted to local needs and context.

Operational results - Expert C - overall

The screened population:
 Mean age: 41,7 years range (24y-62y)
 Gender: 73,7% male PWUD
 Administration mode: 69,2% ever injected, 56,2% of them on daily basis
 Current use: 23% recently injected

Screening figures: (N=15)
 9 PWID scored a negative result on the antibody test
 9 PCR were performed:
 4 PWID were RNA-positive
 2 PWID: started treatment during the pilot
 1 PWID: liver cirrhosis and two tumours in the liver, the tumours were treated and he will start treatment
 1 PWID: liver damage limited to F1-level, therefore not applicable for DAA treatment yet
 3 PWID were cured or spontaneously cleared in the past and still remain RNA negative
 1 recent re-infection
 1 waiting for result

Case 1: 'mr E.' cirrhosis

Medical history
 # Former PWID - Stopped injecting in 2008
 # Positive HCV AB-test, prior to 2000
 # First confirmed HCV RNA test in 2008
 # Drinks at least 4-5 units of alcohol daily
 # Daily cannabis use
 # Occasional cocaine use (snorting)
 # No contact with drug service, no OST (Opioid Substitution Therapy)
 # Visits GP regularly
Diagnosed with HCV prior to 2000
 # 2008 Positive HCV PCR test
 # Only IFN (interferon)-based therapy available
 Conditions for treatment initiation set by treating physician: Mr. E had to prove abstinence from both alcohol and other drugs during 6 months
 # Not feasible for Mr. E.
 # 2008 - 2018:
 # follow-up was abandoned
 # Regular GP visits only
2018
 # **January:** Mr. E. is brought into contact with ExpertC-pilot project by outreach work
 # **April:** Mr. E is encouraged to undergo an HCV RNA test (new PCR after 10 years) Showed fearful of a blood test
 # **May:** Mr. E present at first consultation with hepatologist, accompanied by social worker
 - Chronic HCV confirmed
 - Diagnosed with compensated liver cirrhosis and liver nodules
 - MRI and CT scans scheduled to rule out liver cancer
 # **June:** Mr. E's CT scans and MRI results are available
 - Two tumours in the liver
 - Motivational talk and support needed to convince Mr. E that further examinations were necessary and urgent
 - CT scan of lungs and bone scan, gastroscopy and blood tests were executed despite difficulties with venal puncture (due to vein damage)
 # **June:** Mr. E receives 'good news'
 - No metastasis in bones or lungs
 - Message from hepatologist: "you're on the right track, keep going at your own pace"
 - Mr. E reduced alcohol consumption from 5 units to 1 unit a day
 - Mr. E expresses ambition to stop alcohol use
 # **July:** Establishing an action plan - what remains to be done and what is possible/realistic?
 - Firstly: removal of the liver tumours
 - Secondly, start of HCV treatment (once tumours have been treated)
 - Finally, possible need for liver transplant in the long term?

Case 2: 'Mr. O.' F1

Medical history:
 # Former PWID
 # Non injector since 1998
 # Positive HCV AB-test prior to 2000
 # 2018: RNA positive
 # Drinks at least 7-8 units of alcohol daily
 # Occasional cannabis use
 # No contact with drug service, no OST
 # Stable work situation
 # Stable family situation
May 2018:
 # Mr. O gets into contact via personal connection.
June 2018:
 # RNA positive, liver damage F1
 # Mr. O is not eligible yet for (new) DAA treatment due to policy regulations
 # Mr. O has to be present at a yearly consult with the hepatologist
 # Mr. O's partner (non-PWUD) tested negative on the antibody test

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