

HepC Mobile - Virtual Clinic: HCV testing and treatment with the Healthcare Network, Switzerland

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BACKGROUND

In Switzerland direct acting antiviral (DAA) treatment is reimbursed by universal healthcare insurance since 2017 and can be prescribed by all registered medical doctors. This regardless of public or private source of healthcare provider. Nevertheless, having access to undiagnosed and untreated people with HCV infection requires a tight collaboration with primary care providers (PCP). The Hepatitis C Virtual Clinic (HCVC) initiative was launched in 2019 to support GPs and PCP to diagnose, follow-up and/or prescribe DAA treatment for people living with chronic hepatitis C infection in canton Vaud. Lake Geneva surrounding cantons as Vaud are known for high reporting rates of people living with hepatitis C infection.

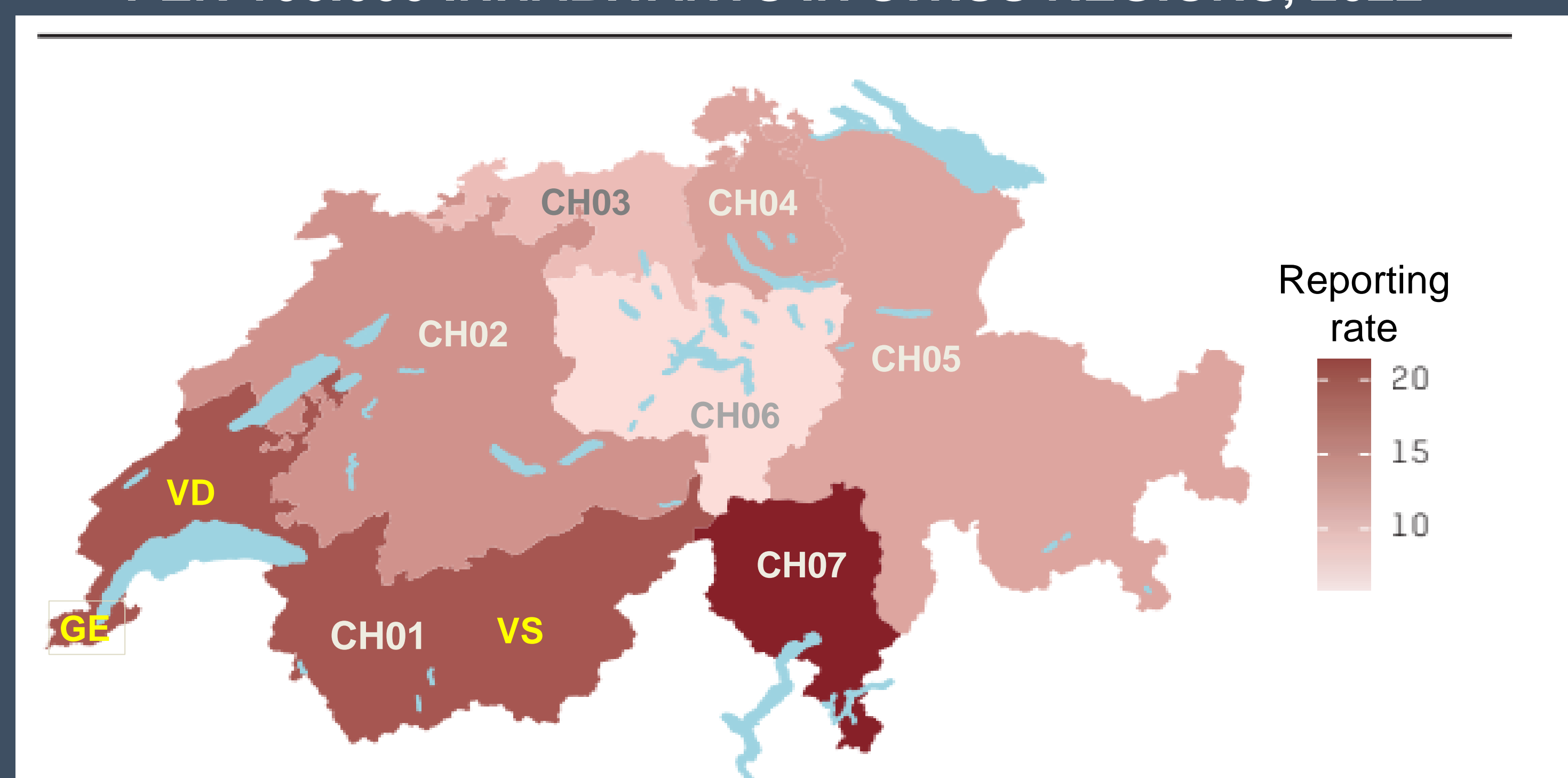
MODEL OF CARE

Our private practice and the Levant Foundation are home for the HCVC initiative. In 2023 we added the mobile offer to perform onsite screening visits at settings caring for people at risk of HCV infection. Onsite visits are designed and performed together with nursing teams according to each setting's needs. Collaborations can be done on a 1:1 exchange with PCP (nurses, social workers, GPs, psychiatrists, etc.) , as onsite interventions and also as telemedicine meetings with PCP teams and their patients.

HepC Mobile – Virtual Clinic Activities



RATES OF PEOPLE WITH HEPATITIS C INFECTION PER 100.000 INHABITANTS IN SWISS REGIONS, 2022



Federal Office of Public Health, August 11, 2023

- CH01 Leman : Geneva GE, Vaud VD, Valais VS
- CH02 Middle land space: Bern, Solothurn, Fribourg, Neuchâtel, Jura
- CH03 North-West: Basel, Aargau
- CH04 Zurich
- CH05 Orient: St Gallen, Thurgau, Appenzell, Glarus, Schaffhausen, Grisons
- CH06 Central: Uri, Schwyz, Obwalden, Nidwalden, Luzern, Zug
- CH07 Ticino

EFFECTIVENESS

The cascade of care for hepatitis C is shown here. Overall, 152 people agreed for HCV screening since 2019. We highlight the impact of the mobile component of the virtual clinic started in September 2023, accounting for 49 screenings by April 24 in a group of people with an average age of 49 (± 8) years old, women = 16 (32%), HCV first test ever = 15 (30%), follow-up of people for hepatitis C reinfection = 22 (44%), GPs referrals = 4 (8%). Reflex HCV RNA was detected in 23% (7/30) individuals, 1 reinfection 4.5% (1/22), 57% (4/7) of new chronic HCV infections were found in women and two of them as late presenters (F3-4 liver fibrosis score). DAA was started in 4 people and SVR+3 was recorded in all 4 cases. After May 2024, 33 new HCV screenings have been recorded during onsite visits with detection of chronic and new hepatitis C infections (6). By October 5th, new DAA treatments and SVR outcomes are ongoing.

In addition to HCV screening all participants have been offered HBV and HIV screening as well.

Participants with Swiss citizenship or residence permit living with hepatitis or HIV infections had access to DAA and all other antiviral treatments. Migrant population lacking residence permit in need of antiviral treatment for hepatitis C were receiving social assistance in order to apply for accelerated health insurance.

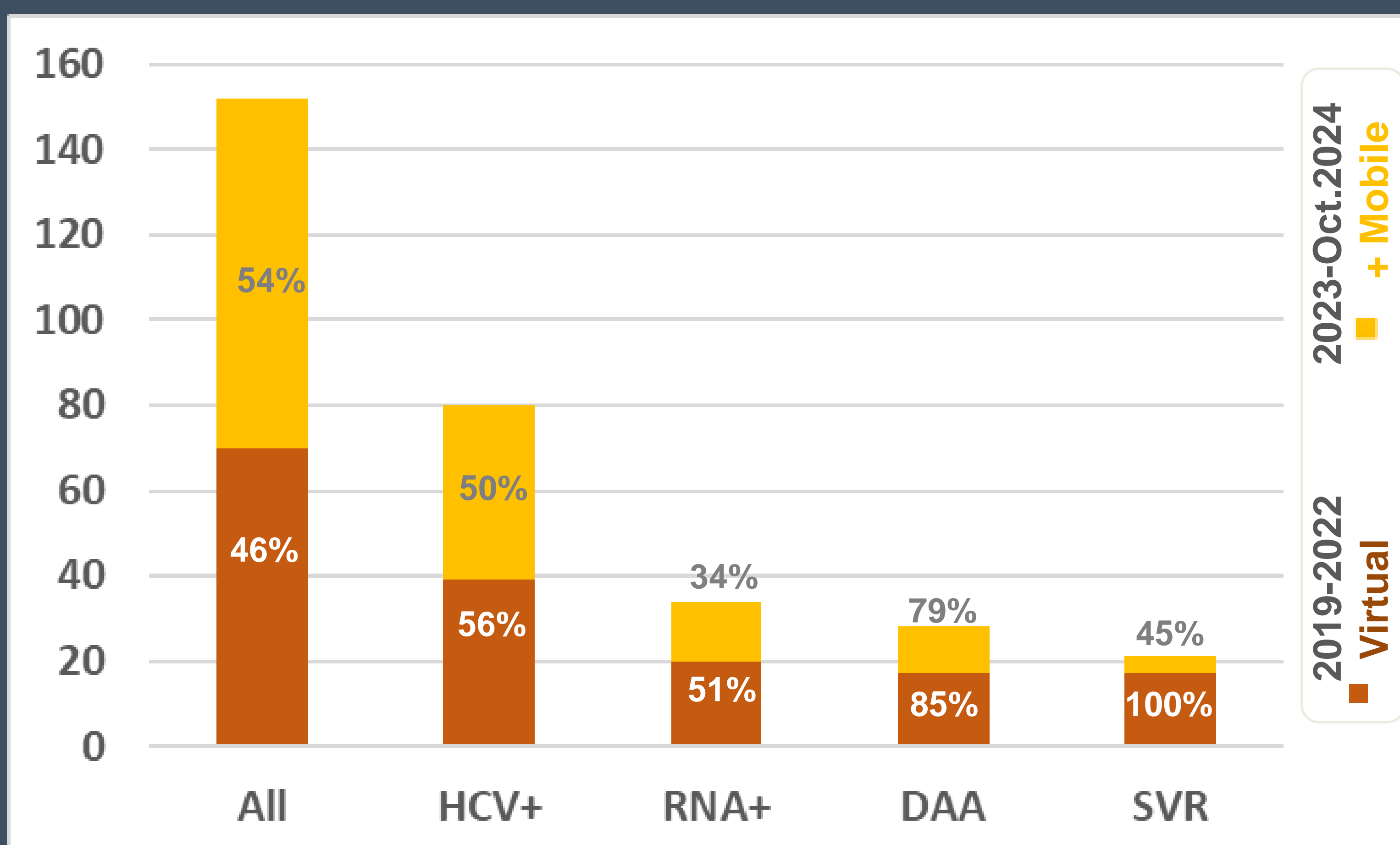
CONCLUSION AND NEXT STEPS

Onsite work with nursing teams and other healthcare providers enhances success of HCV infection screening, readiness for treatment and DAA achievement in key populations. Regular visits are planned with current partners as well as in harm reduction services from the network.

ACKNOWLEDGEMENT/SPONSORING

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Cascade of Care for Hepatitis C and DAA-Outcomes



HIV and HBV Screening Outcomes in 152 People

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