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Strategies to enhance HCV testing and linkage to care for HCV infection

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Kirby Institute

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Future strategies to enhance HCV care in PWID

- The global burden of HCV among PWID is considerable
- Opioid agonist therapy (e.g. methadone and buprenorphine) and needle/syringe programs (NSP) are effective at preventing HCV infection
- Treatment has impact at the level of the individual and population
- The availability of effective HCV treatment has led to optimism for global HCV elimination
- Testing, diagnosis and linkage to care will be a major barrier to HCV elimination
- Several challenges (opportunities) must be addressed to achieve HCV elimination
- Success will rest on better efforts to integrate care for HIV, HCV and drug user health
- What is your role in facilitating global efforts to improve the lives of PWID?

Why talk about HCV elimination among PWID?

We now have the tools

Prevention Strategies

- Needle/syringe programs
- Opioid agonist therapy

Simple Diagnosis

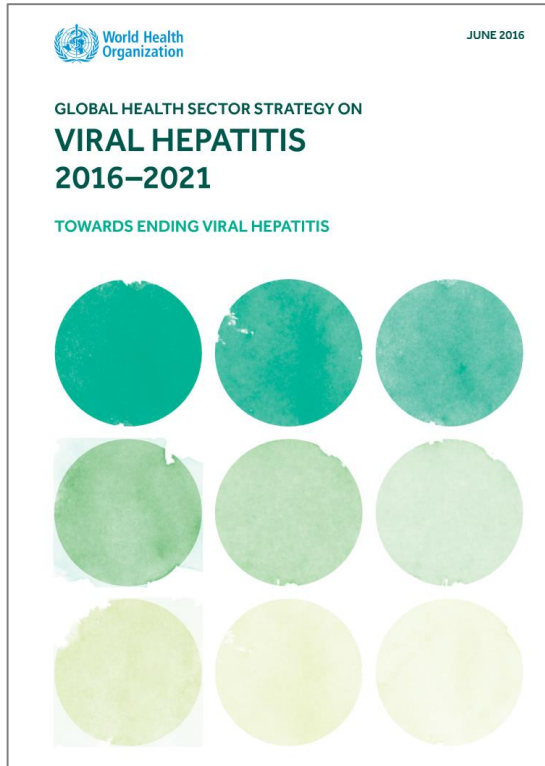
- Available blood tests
- Point-of-care, core Ag, and dried blood spot testing

Effective Treatment

- 1-3 pills/day for 2-3 months
- Cure rates over 95%
- Few or no side effects

Combined these tools can be used to eliminate hepatitis C as a major public health threat

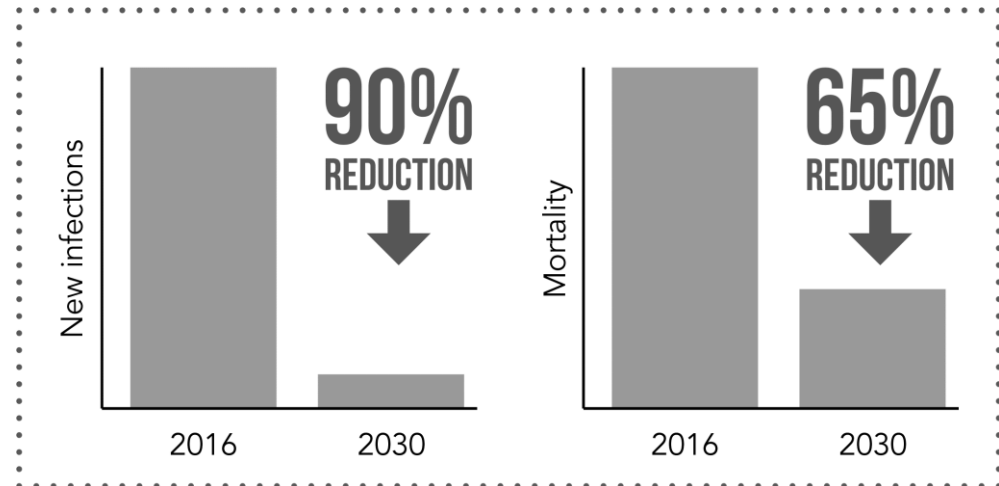
Global commitment from WHO and countries globally



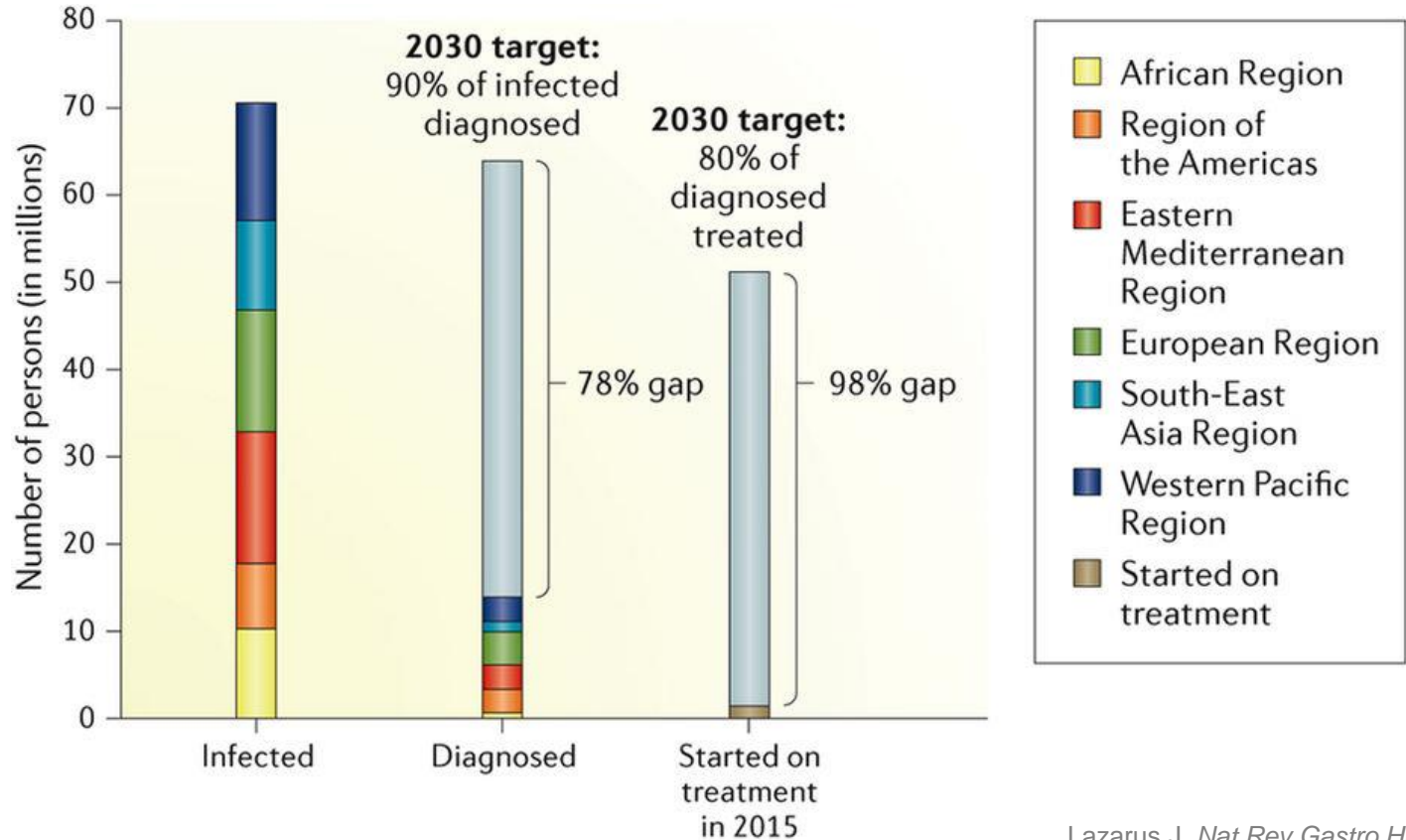
Eliminate viral hepatitis as a major public health threat by 2030



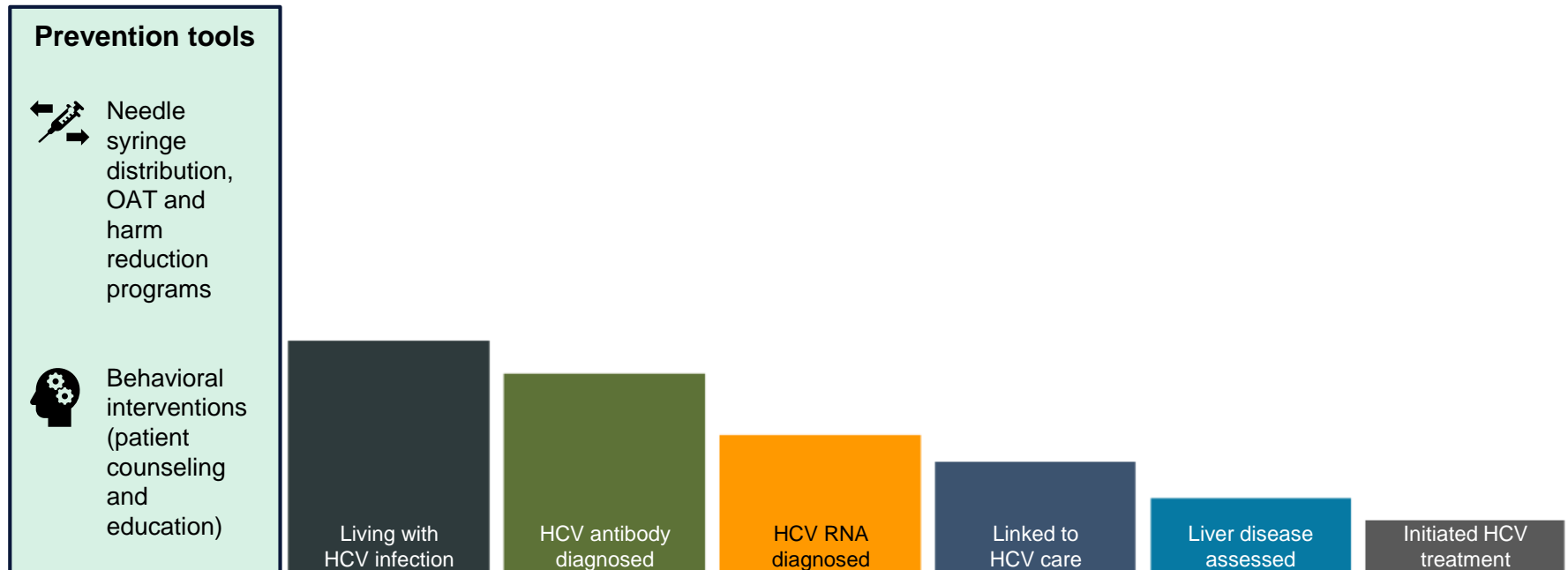
Calling on all countries to develop national action plans



HCV testing and linkage to care is inadequate

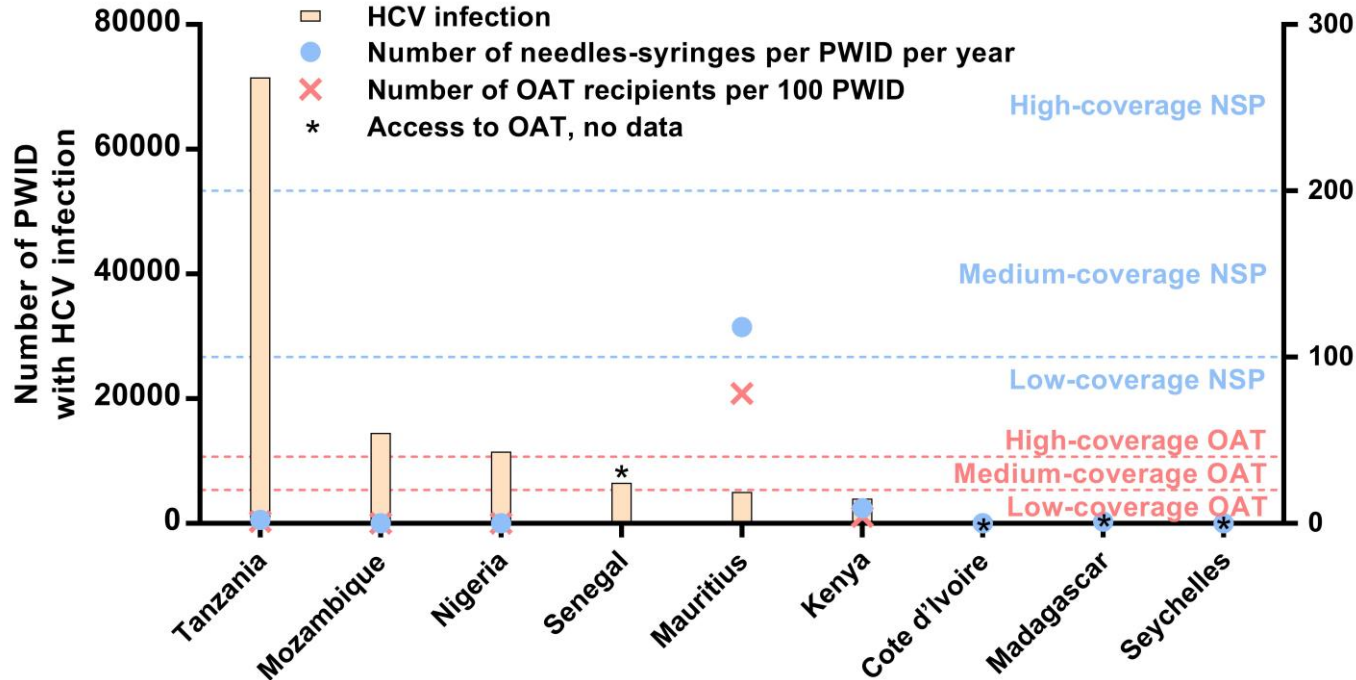


Interventions to enhance the HCV care cascade

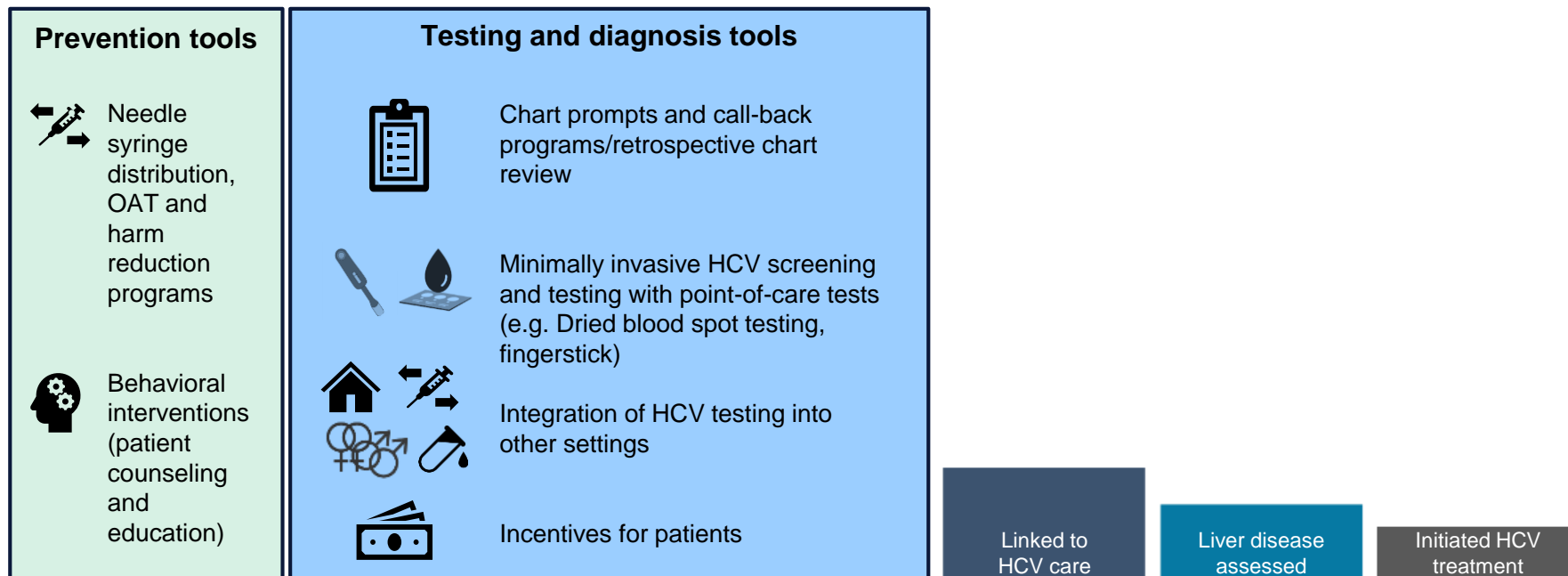


Improving access to NSP and OAT is critical for prevention

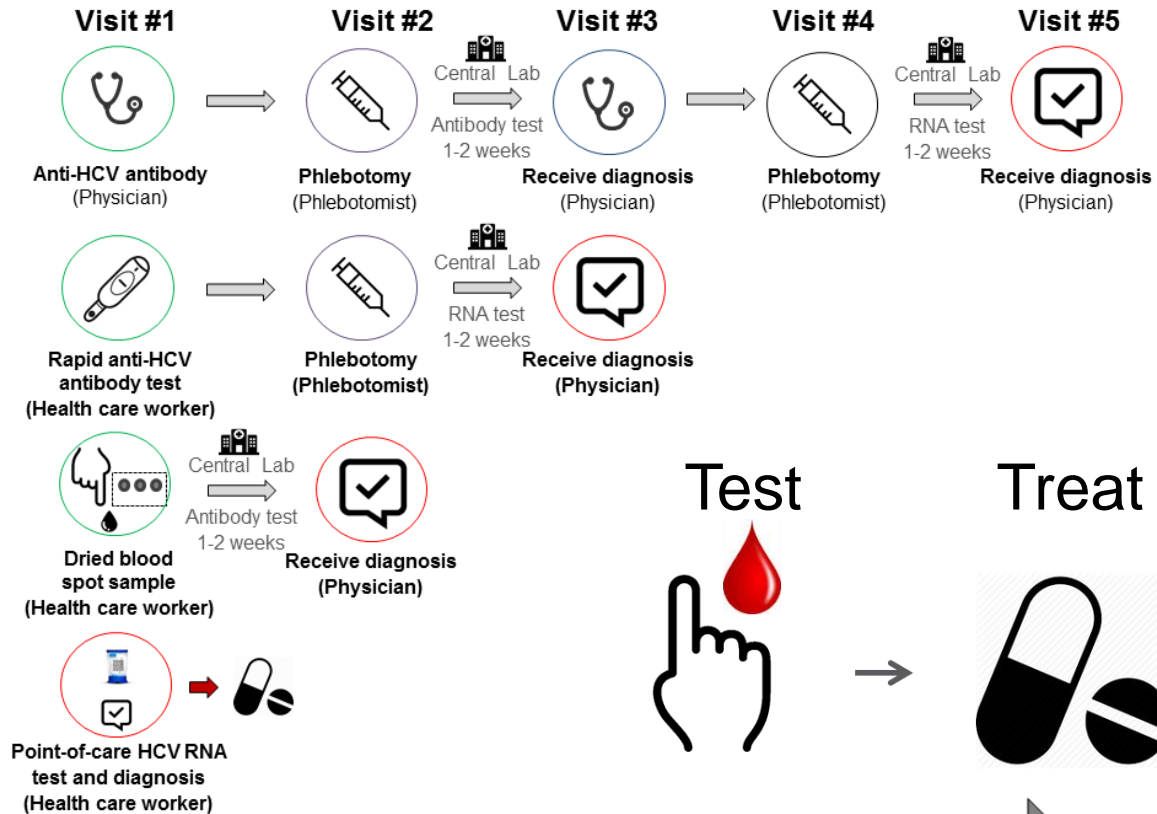
- OAT is associated with reduced acquisition of both HIV and HCV (~45-50% reduction)^{1,2}
- Combined with NSP, OAT reduces risk of HCV acquisition by 80%²



Interventions to enhance the HCV care cascade



Moving towards simplified HCV testing and treatment



Moving towards simplified HCV testing and treatment



Figure 1. HEAD-Start project sites and study designs.

Kirby Institute: HCV screening and linkage to care

Technology



Study	Scope	Population	Region-sites
SCALE	Scaling up HCV treatment	Aboriginal people injecting drugs	NSW / SA (4)
SM2	Simplified HCV care	HIV coinfection	Myanmar (2)
ENHANCE	Linkage to care	People who use drugs	Iran (4)
LIVER LIFE	Linkage to HCV care	History of injection - Community services	NSW / SA / QLD (16)
ETHOS ENGAGE	Enhancing HCV care	People on OST - D&A services	NSW / SA / QLD/WA (15)
TEMPO	HCV Test and treat intervention RCT	People who inject drugs - NSP	Australia (14)
SHARP-P SHARP-C	Monitoring HCV reinfection	People in community and prisons	Australia / Canada / NZ (17)
PIVOT	HCV Test and treat	People in prisons	NSW (4)

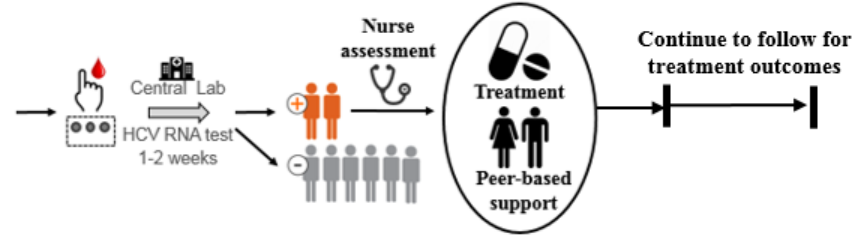
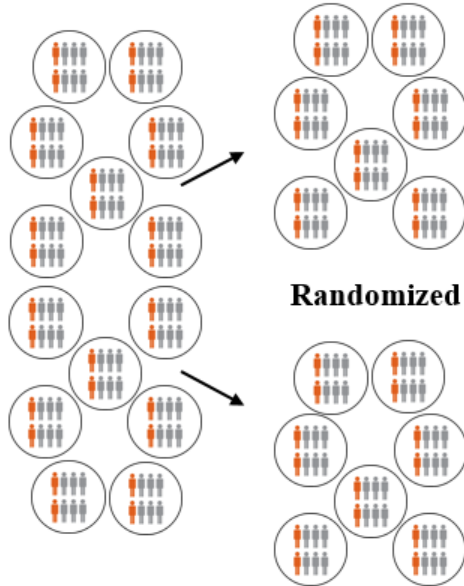
Settings

- Primary health care / GPs
- Aboriginal primary health services
- Drug and alcohol clinics
- Prisons
- NSP services
- Shelters
- Community health centers
- Hospitals

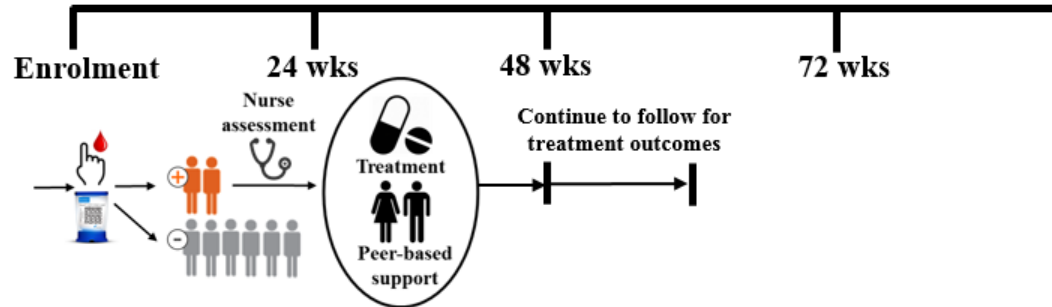
Test and treat in a single visit in NSP services – TEMPO

- Study Design: Pragmatic, two-arm, practice-level, cluster randomised controlled trial (n=20 sites)

Dried Blood Spot Testing



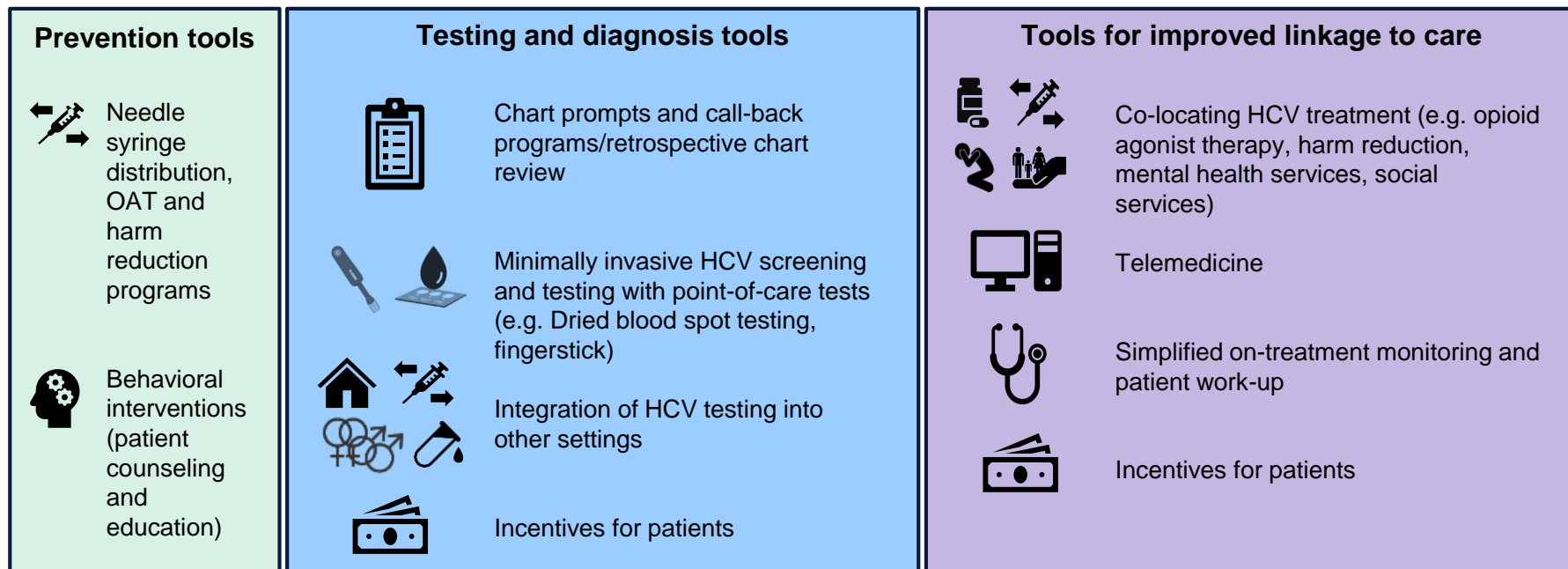
Randomized



Finger-stick point-of-care testing

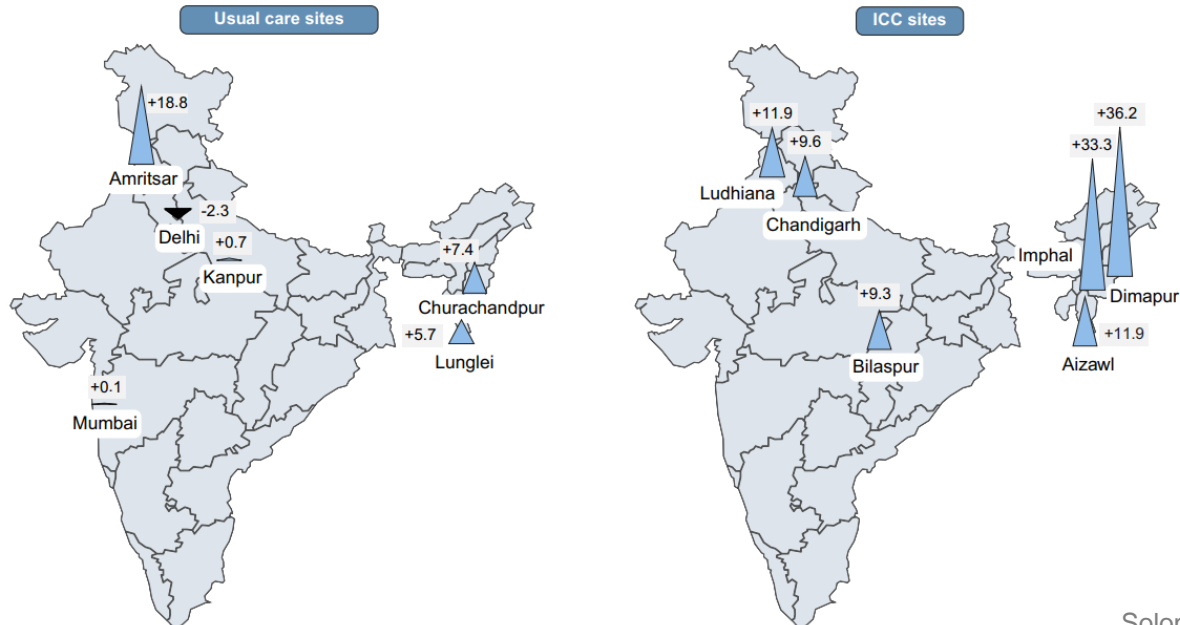
Intervention for 48 wks

Interventions to enhance the HCV care cascade

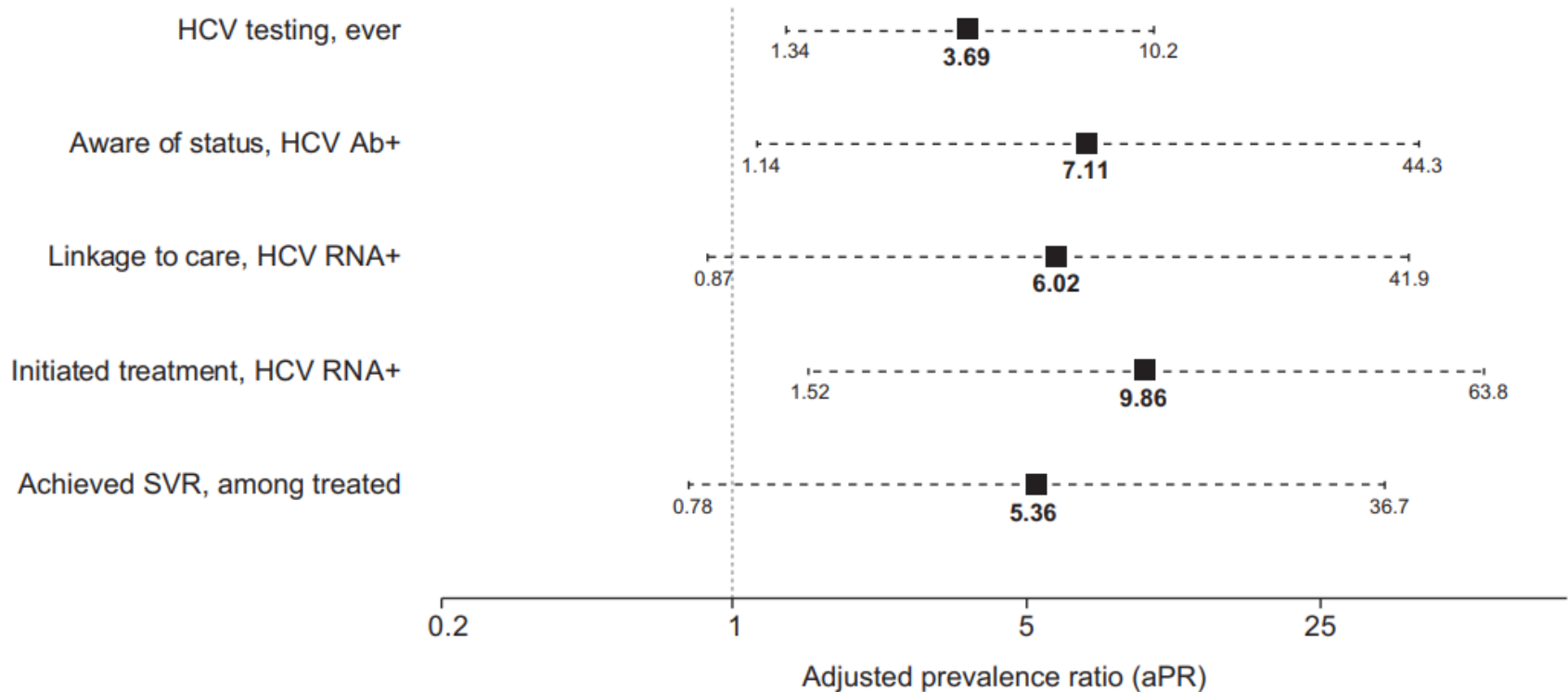


Integration of HCV care into HIV services

- Cluster randomized controlled trial (12 sites, 6 in each arm)
- Integrating HCV antibody testing/education in community-based centers delivering integrated HIV prevention (harm reduction) and treatment services to PWID across India
- Series of cross-sectional surveys to evaluate impact on HCV testing and treatment



Integration of HCV care into HIV services




Interventions to enhance the HCV care cascade


Tools to support the entire care cascade



- Peer education, support and patient navigation

Prevention tools

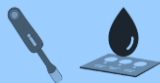
 Needle syringe distribution, OAT and harm reduction programs

 Behavioral interventions (patient counseling and education)

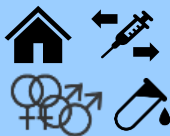
Testing and diagnosis tools



Chart prompts and call-back programs/retrospective chart review



Minimally invasive HCV screening and testing with point-of-care tests (e.g. Dried blood spot testing, fingerstick)



Integration of HCV testing into other settings



Incentives for patients

Tools for improved linkage to care



Co-locating HCV treatment (e.g. opioid agonist therapy, harm reduction, mental health services, social services)



Telemedicine



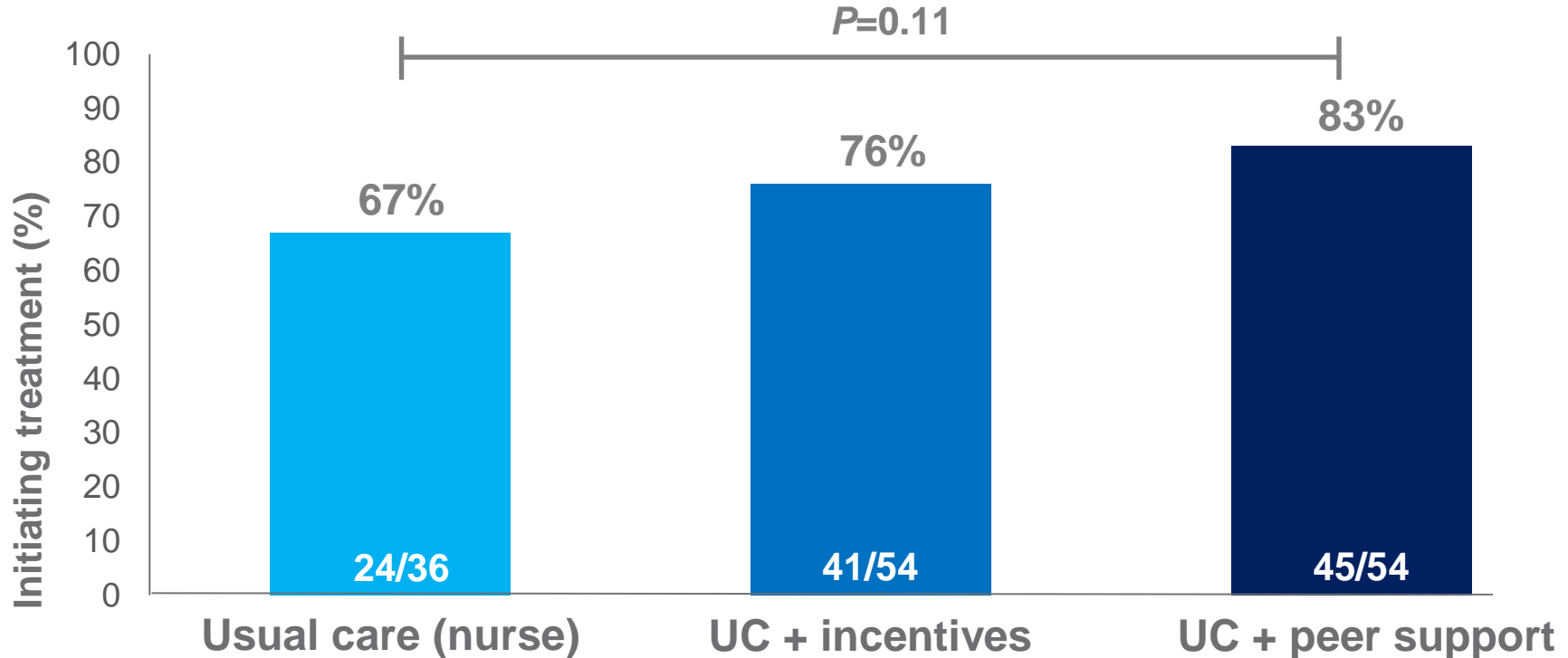
Simplified on-treatment monitoring and patient work-up



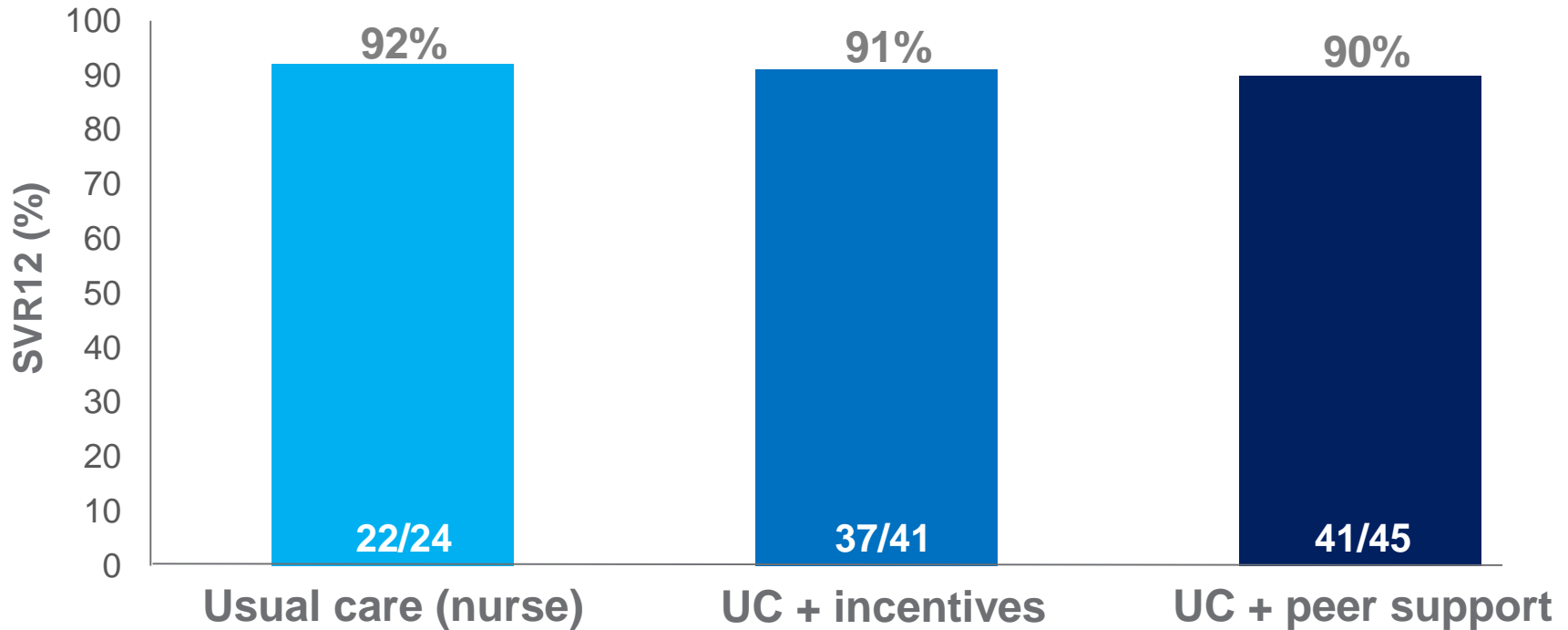
Incentives for patients

Peer-support and incentives to enhance linkage to care

- HIV/HCV co-infection, HCV genotype 1, 12% cirrhosis, 25% recent cocaine/heroin use



Peer-support and incentives to enhance linkage to care

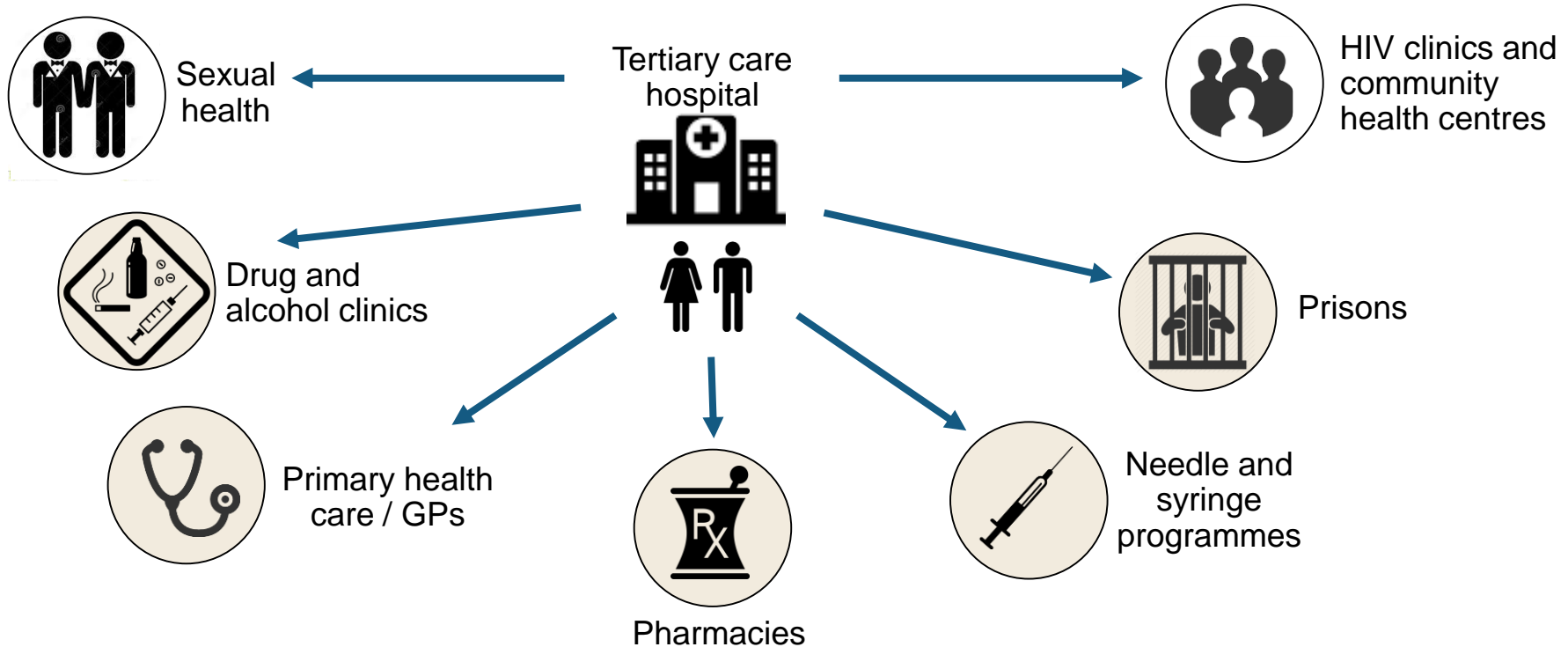


Better integration of HIV, HCV and drug user health care

- Integration of HCV care into existing services for HIV, harm reduction and drug user health (e.g. HIV clinics, primary care, drug treatment clinics, NSPs, supervised drug consumption rooms, homelessness health, mental health services, prisons)
- Enhanced engagement of infectious disease, primary care, and drug and alcohol providers in HCV testing and care
- Optimized harm reduction for people initiating HCV treatment (reduce reinfection risk and prevention of HIV infection)
- Novel strategies for drug treatment delivery (e.g. injectable long-acting HIV and buprenorphine treatment)
- Novel strategies are needed for people using stimulants (HIV, HCV, and drug user health)
- Integration of overdose prevention into HIV and HCV care

Involvement of HIV/drug health providers is critical

- Models of care are shifting to the community where patients access services



What can we do to facilitate HCV elimination among PWID?

- Encourage partnerships to develop models of care and health services that are accessible for people who use drugs in the community
- Implementation of novel strategies to enhance HCV testing and linkage to care (including on-site testing and point-of-care testing)
- Advocacy towards the removal of restrictions for reimbursement of HCV therapy (based on fibrosis stage, drug/alcohol use, and provider type)
- Facilitate mentorship and education/training of general practitioners, infectious diseases physicians, and drug treatment providers on HCV testing and management

What can we do to facilitate HCV elimination among PWID?

- Advocate for scale-up of harm reduction services (prevention of HIV infection, HCV infection and HCV reinfection)
- Advocate for the reform of policies related to drug user health, including removal of laws restricting NSP access and barriers to OAT provision
- Eliminate stigma, discrimination, and violence
- Act regionally, but think globally (micro-elimination)
- Can HCV be used to mobilize further discussions around improving drug user health and drug policy reform more broadly (and vice versa)?

Targeted approaches

HIV
HepC
Endocarditis
Overdose
Syphilis
Mental illness



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