

A one-step diagnosis algorithm reveals high burden of hepatitis C among PWID in Spain and the urgency for improved linkage-to-care

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Disclosures

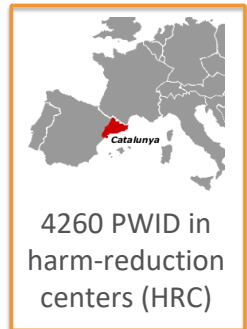
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Background/aims

- ⊙ **PWID:** Highest HCV prevalence, lowest Dx rate
(complex two-step testing algorithm: serology + NAAT)
- ⊙ **Catalonia:** most HRC offer rapid HCV-Ab testing,
but poor linkage-to-care for Dx confirmation
⇒ How many have hepatitis C and are in need for TT?



- ⊙ **Aims:**
 1. To validate the real-life performance of an alternative one-step screening and confirmatory assay (HCV-RNA detection from DBS)
 2. To estimate the prevalence of viremic HCV infection
 3. To assess the level of hepatitis C awareness and linkage-to-care

Methods: HepCdetect II Study

- ⊙ **Study design:**
Cross-sectional study on current injectors (N=232)
- ⊙ **Assessments:**
 - Finger-prick blood:
 - Rapid HCV-Ab testing (HIV-Ag/Ab)
 - HCV-RNA detection from DBS*
 - Plasma: HCV viral load, serology for HBV & HIV
 - Extensive questionnaire administered
- ⊙ **Endpoints:** HCV-RNA positivity, self-knowledge of HCV status, linkage-to-care
- ⊙ **Statistical analysis:**
 - Sensitivity and Specificity of the DBS assay vs. viral load in plasma
 - Descriptive analysis

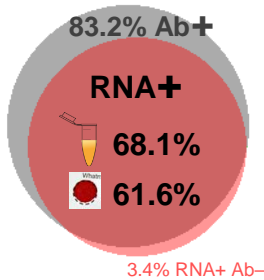


HRC in one of the most important drug trafficking areas in Spain

*V. Saludes, et al. *J Viral Hepatitis* 2017 (in press)

Results (N=232)

Prevalence of HCV Ab and RNA

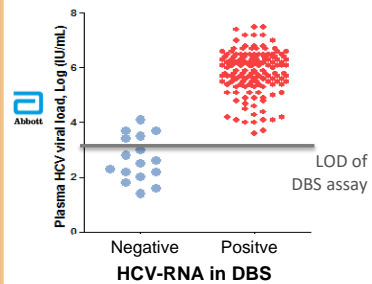


86.5% exposed to HCV
(28.5% HIV co-inf.)

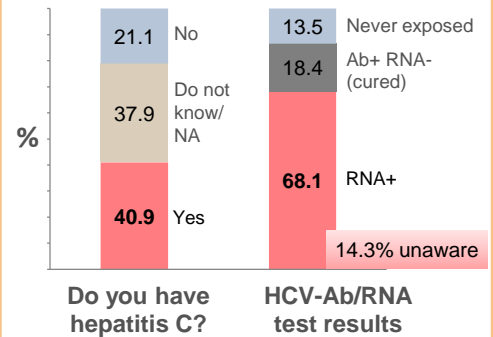
40.1% exposed to HBV

Real-life DBS assay performance

96.6% Sens. 100% Spec.



Self-knowledge of HCV status



Linkage-to-care

25.0% of known HCV cases are currently under specialist care
23.4% of those ever exposed had ever started hepatitis C therapy

Conclusions/implications

Conclusions:

This one-step diagnosis strategy presents an easy, feasible way of substantially increasing the identification and awareness of viremic HCV infections. However, more effort is needed to improve linkage-to-care for hepatitis C.

Implications:

- ⇒ DBS testing scale-up to other HRC (N=415)
- ⇒ Virological characterization (genotypes, transmission networks)
- ⇒ Assessment of determinants for HCV infection
- ⇒ Evaluation of educational sessions on HCV for PWID
- ⇒ On-site care and treatment of hepatitis C (pilot study in this HRC)

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