

Addressing the HCV cascade of care in vulnerable populations with poor access to healthcare in Madrid.

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Disclosures

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Background/aims

- Data on the HCV prevalence in vulnerable groups (PWID, homeless, alcohol abuse, migrants...) is scarce and necessary to implement intervention and elimination plans.
- Due to the poor access to healthcare of these vulnerable groups, they are not systematically screened for HCV and if tested positive, they don't have access to therapy.
- The use of a mobile unit to approach vulnerable populations is a key factor to facilitate HCV screening and linkage to care.
- The use of an onsite one-step screening tool to identify patients with active HCV infection is key in these populations.

Background/aims



Rapid Testing

DBS

On-site RNA-HCV assay

Before 2015

2015

2016

2019

Referrals to hospital



0 patients treated

<5% followed at a healthcare centre

55% had an active HCV infection (PCR+)

HCV test was performed on 325 active injection drug users who were seen at the harm reduction facility

OUR EXPERIENCE WITH DBS

- DBS were collected at the shantytown and had to be delivered to a central laboratory.
- Median days (IQR) from sample collection to results of the test were 20 (13-31) for the RNA-HCV assay.
- From 529 screened with DBS, 122 had positive HCV RNA. Of these, 102 (84%) had results delivered to them and 63 (52%) were evaluated in a HCV clinic.

Methods

- **Active search** and screening for HCV of vulnerable individuals.
- These populations gather in certain places in Madrid (**hot spots**).
- A **mobile unit** will approach these sites.
- The mobile unit consists of an adapted van and a car.
- Approach conducted by **healthcare personnel**



Methods

- HCV Screening carried out with a **rapid test** → All positive tests:
 - Are confirmed with an **on-site PCR** (Xpert® HCV Viral Load Fingerstick) carried out in the mobile unit.
 - A dried blood spot (**DBS**) sample is obtained from the individual for future analyses.
- If a subject has a positive HCV PCR test, **referral to hospital** on the same day is offered.



Test Report

Patient ID: NABALE
Specimen Type: Specimen
Result: HCV DETECTED 4.8E05 Units/ml (log 5.68)

Parameter	Result	Unit	Reference Range
Anti-HCV	CD	Positive	CD
Anti-HCV	CD	Positive	CD
Anti-HCV	CD	Positive	CD
Anti-HCV	CD	Positive	CD

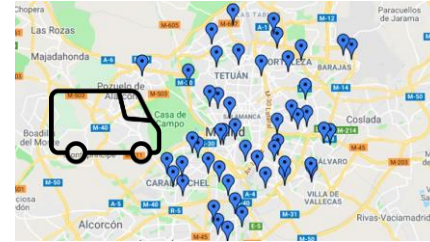
User: NABALE
Specimen Date: 2019/10/08 10:27
Specimen Time: 2019/10/08 10:27
Specimen Site: 000001
Specimen Name: JCI



UMC: Screening Mobile Unit (Madrid)

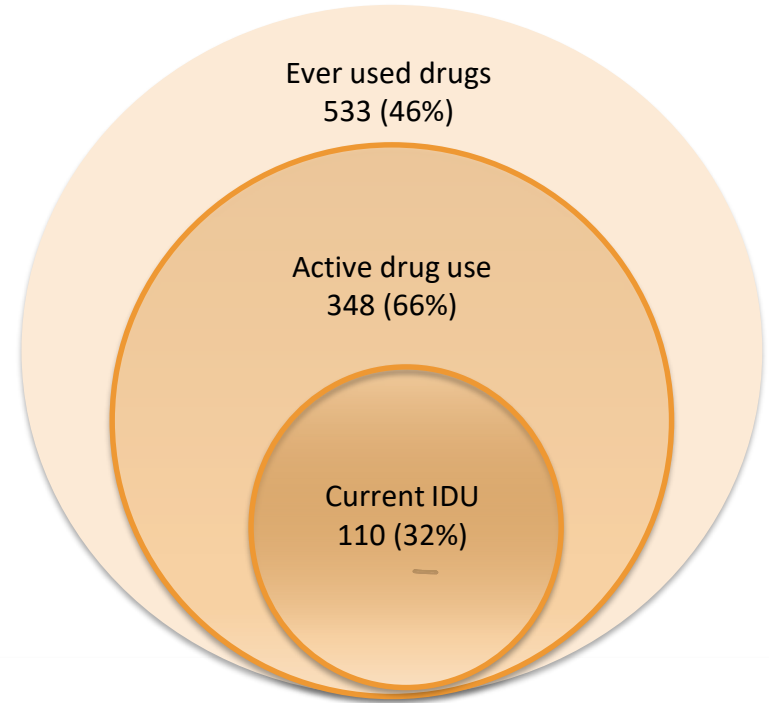
Methods

- **Collaboration with HCV/HIV clinics** around Madrid. (Fast-track models)
- **Agreement** with public institutions, NGOs, mental health and addiction centers, harm reduction units, social services...
- **Multidisciplinary** approach:
 - 2 doctors, 1 nurse, 1 social worker, 2 educators/navigators
- **Low threshold** approach.
- Intervention based on results



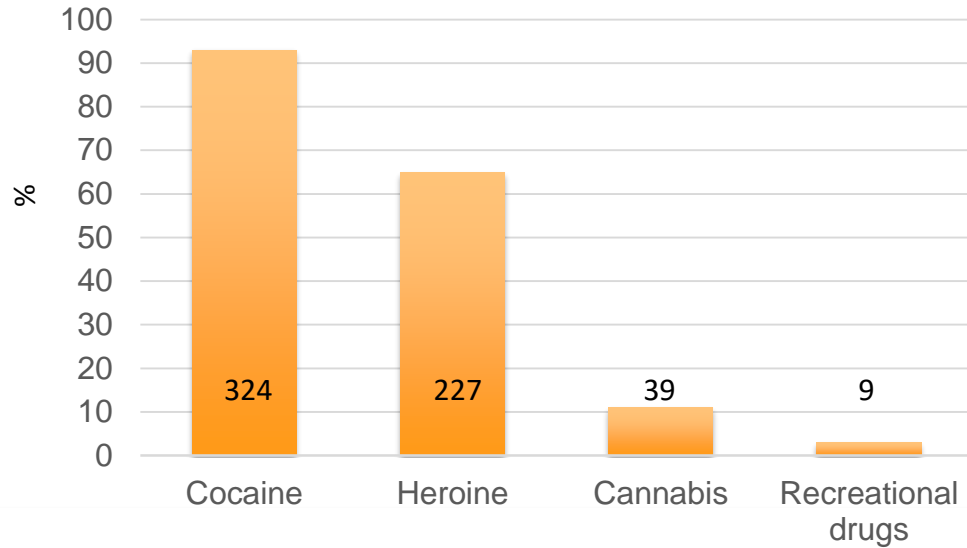
Results

Characteristics	N=1162
Age, median (IQR)	43 (35-53)
Male, N (%)	820 (71)
Homeless, N (%)	803 (70)
Non Spaniards, N (%)	513 (44)
Illegal Immigrant, N (%)	105 (9)
Alcohol use (>50g/d), N (%)	350 (30)

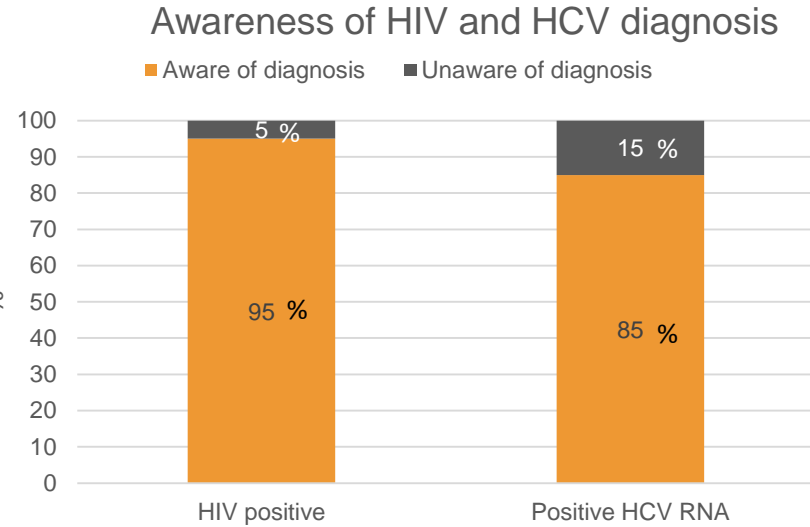
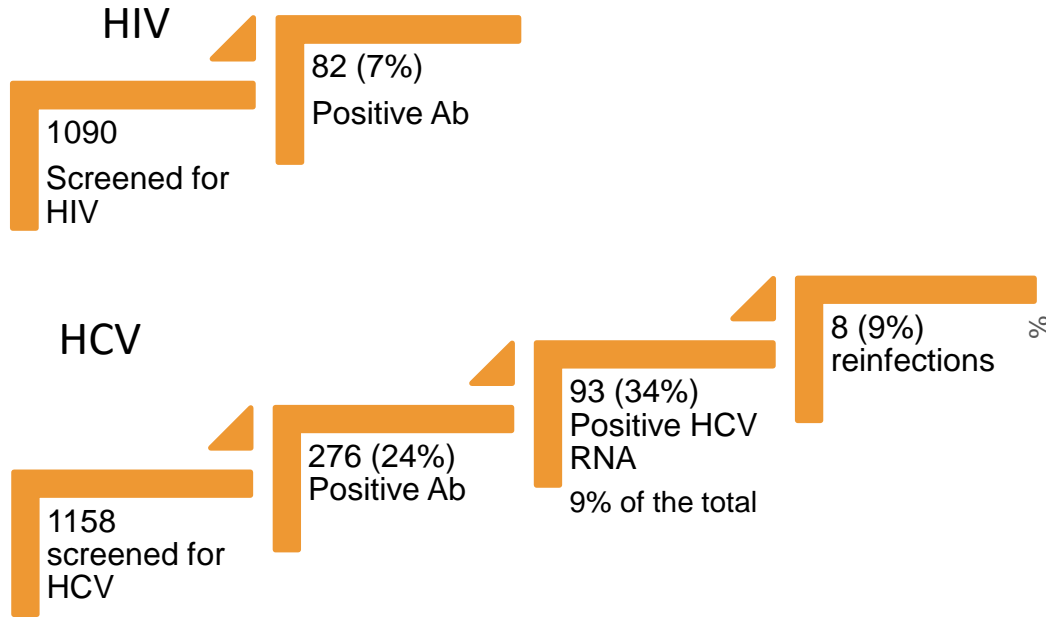


Results

348 (30%) patients with problematic drug use in last year



Preliminary Results from the screening



92/93 (99%) of the viremic patients were delivered their results

Conclusions/implications

- The prevalence of active HCV infection in vulnerable populations (VP) in Madrid is high.
- VP need alternative and adapted circuits.
- Proactive search and approach of VP is feasible and easy to implement.
- Onsite one-step diagnosis is key in this population and allows to monitor HCV infection (reinfections, hot spots, ethnic groups...) in order to guide future interventions.
- To facilitate and reinforce linkage to care is a priority in order to achieve HCV elimination in VP.

Acknowledgments



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