POSTER ABSTRACT

Hepcare europe: Hepcheck; reaching vulnerable populations
18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Walter Cullen2, John Shearer Lambert1, Cristiana Oprea3, Alistair Story4, Juan Macias Sanchez5, Julian Surey6

1: Mater Misericordiae University Hospital Infectious Diseases Clinic, Dublin, Ireland, University College Dublin, Ireland;
2: School of Medicine; University College Dublin, Ireland;
3: Victor Babes Clinical Hospital for Infectious & Tropical Diseases; Carol Davila University of Medicine and Pharmacy; Bucharest, Romania;
4: Find & Treat Service; University College London Hospitals, United Kingdom;
5: Hosp. Universitario Ntra, Sra. de Valme, Spain;
6: Institute of Global Health; University College London, United Kingdom

Introduction: HepCare Europe is a three year EU funded project involving collaboration with four member states. The vision for the project is to create an innovative, integrated system for Hepatitis C HCV testing & treatment among key ‘at-risk’ groups, including people who inject drugs PWID’s and the homeless, through outreach to the community and integration of primary and secondary care services. With clinical sites in Dublin, London, Seville and Bucharest, and economic evaluation in Bristol UK, the consortium has developed a number of work packages focused on operationalizing the multiple components of testing, care and cure that are key components of the strategy to eradicate HCV in the European Union. Consortium members include UCD Ireland SAS Spain SVB Romania University of Bristol UK and University College London UK

Theory/Method: The HepCheck component of the project offered screening across the four clinical sites in Dublin, London, Seville and Bucharest. Point of care testing was offered to ‘at-risk’ groups who are frequently marginalized with respect to health service engagement. Screening was conducted in prisons, opioid substitution treatment clinics and in homeless services.

Results: A total of 1,749 individuals were screened, 31.2 % n=559 tested HCV antibody positive. To date 40% n= 222 individuals have attended a specialist appointment for HCV treatment. In-depth analysis of the data is ongoing including identification of risk factors for HCV infection, levels of HCV related liver disease, prevalence of blood borne viruses and linkage to care.

Discussion: In order to achieve World Health Organisation WHO HCV elimination targets by 2030 we need to identify and successfully treat the most vulnerable HCV individuals in the community.
Conclusion: Community based screening intervention can enhance HCV diagnosis for at risk populations but referrals to/ attendance at secondary care remains a challenge for this cohort.

Lessons Learned: The HepCheck data highlights the potential for developing interventions to enhance engagement with HCV screening and entry to the cascade of care required to cure HCV.

Suggestions for future Research: Based on the findings of this study further research is required to develop community based interventions to ensure that the most vulnerable populations are engaged with the HCV care pathway and have the opportunity of treatment and cure.

Keywords: hcv; pwids; homeless; at risk