Treatment of Chronic Hepatitis C in Drug Users: Ethical, Successful, and Useful

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HEPATITIS MOBILE TEAM
## Evolution of treatment of hepatitis C

### Rate of SVR (%)

<table>
<thead>
<tr>
<th>Time</th>
<th>Ribavirine</th>
<th>PEG-IFN</th>
<th>Rate of SVR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989-1998</td>
<td>+</td>
<td></td>
<td>10 %</td>
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<tr>
<td>1998-2001</td>
<td>+</td>
<td></td>
<td>35 %</td>
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<tr>
<td>2001-2010</td>
<td>+</td>
<td></td>
<td>45 %</td>
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<tr>
<td>2011-2013</td>
<td>+</td>
<td>+</td>
<td>75 %</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>+</td>
<td>95% DAA</td>
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</tbody>
</table>

DAA: Direct-Acting Antivirals

**Legend:**
- **Red** indicates the addition of a new drug.
- **Black** indicates the continuation of previous treatment.
- **Orange** represents a decrease in rate of SVR.
HCV in France

- 150-200 000 HCV patients
- 75000 no diagnosed patients
- 40-60 000 who wait for treatment
- 30-35 000 cured patients

Number of treated patients:
- 2012 → 12000
- 2013 → 6000
- 2014 → 10800
- 2015 → 14000
1/ Treat all patients with liver fibrosis F2 F3 F4

And...

2/ Treat all drugs users and inmates even if no liver fibrosis

⇒ 100% of french UD / inmates have to be treated for HCV infection!
Guidlines AFEF February 2016
Who to treat? ACCESS TO TREATMENT IS A UNIVERSAL GOAL SHORT TERM

1. Treatment is recommended regardless of the fibrosis stage in patients at risk of transmitting HCV (A)
   - Drug users parenterally and intranasally
   - Men who have sex with men, with unsafe sex
   - Inmates patients

2. In the short term, universal treatment should be part of a comprehensive care: screening, management of comorbidities, prevention of recontamination (A)
2016 HMT composition

- 1 Hepatologist
- 1 Nurse coordinator
- 3 others nurses (2 for therapeutic education)
- 1 Secretary
- 2 Social worker
- 2 Health care workers
HEPATITIS MOBILE TEAM

- 3 specific cars
- 3 Fibroscan
- POCT HIV/HCV/HBV
Our tools
PARTNERS ORGANIZATIONS

HEPATITIS MOBILE TEAM

Hospital services
- Asyleum medical unit
- Jailhouse medical unit
- Primary care access unit
- TB unit
- Addictology service
- Gastroenterology service
- Medical duty home

Psychiatric Hospital
- One Day hospital and Psychiatric Mobile Team
- Mao – psychiatric diagnosis and orientation module

Outside hospital
- Methadon centers
- Low threesold drug center
- Housing units
- Therapeutic Coordination Apartment
- Day reception and home association

Associative sector
- Patients association
- Psychoeducative network
- Hepatitis network
**PARTNERS ORGANIZATIONS**

- **HEPATITIS MOBILE TEAM**
  - Patients association
  - Psychoeducative network
  - Hepatitis network

- **Hospital services**
  - Medical unit
  - Mental health services
  - Addictology service
  - Gastroenterology service
  - Medical duty home
  - Neurology service
  - One Day hospital and Psychiatric Mobile Team
  - Mao – psychiatric diagnosis and orientation module

- **Outside hospital**
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*Centre Hospitalier de Perpignan*
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500,000 people area
12 SERVICES « à la carte »

- Early detection
  1. Screening / Point of Care Testing POCT (HIV HBV HCV)
  2. Green thread: new outside POCT and FIBROSCAN*
  3. Outreach open center

- Linkage to care and fibrosis assessment

- Social screening and diagnosis (EPICES score)

- Mobile liver stiffness Fibroscan* (indirect measurement of liver fibrosis) in site

- Advanced on-site specialist consultation

- Staff training
12 SERVICES « à la carte »

- Access to treatment

8. Free mobile phones (increase link with HMT)
9. Easy access to pre-treatment commission (“RCP”) with hepatologists, nurse, pharmacist, social worker, GP, psychiatric and/or addictologist..

- Follow up during and after treatment

10. Individual psycho-educative intervention sessions
11. Collective educative workshops
12. Drug users information and prevention
12 SERVICES « à la carte »

9 Hepatitis mobile team offers hotlines "all in one"

9 Each structure according to its needs can choose actions it wishes to include in its draft

9 For 1500 potential outpatients
Activity 2013-2015

- 1485 patients seen once
- 2056 POCT done
- 944 POCT VHC done
- 16.5% HCV positive patients in 2015
- 878 fibroscan realized (414 in 2015)
- 68 HCV known patients VHC return to care in year 2015
- 93 cured patients
Point Of Care Testing

- POCT  HCV / HIV / HBV

- Alternative to blood test, but in case of positive test, a blood test confirmation is necessary

- Quick on digital puncture

- Immediate results

- Free, renewal of HCV/ HIV status as soon as necessary

- Do not detect the primary infection
Screening results 2015

- Known HCV patients: 52%
- POCT new patients: 18%
- Already HCV care: 30%
Clinical pathway of patients

- Cured 93
- In treatment 26
- Lost 25
- Stop treatment 2
- Dead 1

Patients waiting treatment

- Supervision before treatment 56
- Waiting biology 14
- Lost 25
- No wanted care 3
HCV rate according to various places

- CAARUD / CSAPA / Centre Méthadone / Addictologie: 42%
- UCSA: 22%
- PASS: 8%
- Camion Fil Vert: 16%
- Structure d'accueil: 8%
- Cabinet IDE Libérale: 1%
- CAC 48: 2%
- Maison de retraite: 1%
Mobile FIBROSCAN

- Liver stiffness = measurement of hepatic elasticity to detect liver fibrosis and liver cirrhosis diagnosis
- Uninvasive testing with rapid results, combined with POCT
- Performed by a nurse trained in the framework of a Memorandum of Cooperation (HSPT-Law Article 51)
Mobile FIBROSCAN: results

878 FIBROSCAN*

- 39% New HCV
- 30% Known HCV
- 28% Post treatment HCV
- 3% Alcohol
Advanced on-site specialist consultation

- 234 patients were addressed to advanced on-site specialist consultation
- 182 really gone

![Pie chart showing distribution of outcomes:](chart.png)

- Effective treatment: 45%
- Wait for social insurance: 30%
- No treatment indication: 22%
- Lost sight: 3%
Access to pre-treatment commissions

- Imposed by Health Ministry before all DAA treatment
- 33 agreed hepatitis center (30 teaching hospitals and 3 non teaching hospitals like Perpignan)
- with hepatologists, nurse, pharmacist, social worker, GP, psychiatric and/or addictologist..
- Since september 2014
- Average of 12 participants per session
- Average of 27 cases per month
<table>
<thead>
<tr>
<th>Training for DAA compliance</th>
<th>Management of side effects</th>
<th>Monitoring of medical examinations</th>
<th>Exchange time with a nurse who is listening to the patient</th>
<th>Medical reports send to the specialist then to the doctor with the patient’s consent</th>
</tr>
</thead>
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Promote compliance, continuity, monitoring treatment
Therapeutic education
psycho-educative intervention results

Site of face to face sessions

- Jailhouse: 23%
- Primary access unit: 30%
- Methadon centers: 19%
- Needle exchange program: 11%
- At home: 4%

180 Face to face sessions
175 Phone sessions
Collective educative workshops

- 3 sessions of 4 workshops 2014-2015
- 90 participants
- 4 types of workshop per session
  - Nurse
  - Psychologist
  - Relaxation therapist
  - Dietitian
- 15 patients / session
Staffs training

- 3 times per year for general sessions
- 9 sessions since December 2013
- 25 to 60 participants
- Average 37 participants
- From day to day sessions to medical and social workers of partner structures specially drugs workers and homeless workers
TEAM MOBILE HEPATITIS - A local service for you

MAIN MISSIONS
⇒ Improving the care pathway of a person with chronic B or C hepatitis and increasing the number of patients cared for and treated for viral hepatitis.
⇒ Securing the monitoring HCV treatment (dual or triple therapy)

SPECIFIC MISSIONS
⇒ Implement hotlines screening "while 1" through TROD and FIBROSCAN.
⇒ Establish information on hepatitis and modes of contamination hotlines.
⇒ Reiterate the importance of anti HBV vaccine.
⇒ Develop new therapeutic education process (FTEs) to ensure continuity of care and accompany the patient management in undesirable effects.

SCREENING - WHICH TOOLS?

1 - THE TROD (OQT D)
⇒ Orientation Quick Test to Diagnostics,
⇒ Reliable results, fast, result in 20 minutes,
⇒ One drop in enough,
⇒ Can detect HCV greater risk when driving at 3 months (primo infection not detectable),
⇒ Can detect HIV (possible according to the wish of the structure and/or patient).

Its advantages:
⇒ No patients lost between collection and delivery of results.
⇒ Little painful for the person screened.
⇒ Renewal of knowledge of HIV status as well as we need.

2 - FIBROSCAN MOBILE
⇒ Elastography impulse controlled vibration,
⇒ Measurement of Hepatic elasticity for detecting liver fibrosis and liver cirrhosis diagnosis,
⇒ Indicatec in viral hepatitis and/or alcohol,
⇒ Non invasive testing with rapid results.

MONITORING TREATMENT
⇒ The Memorandum of Therapeutics Patient Education (MPTE),
⇒ 5 or 7 therapeutic education sessions during the treatment,
⇒ 1 pre-session before the therapeutic treatment,
⇒ 1 evaluation session at the end of treatment,
⇒ Individual interviews, formalized,
⇒ Hotline,
⇒ Accounts - Reviews sent to all stakeholders meetings, medical and paramedical agreement with the patient, allowing better transmission of information.

WHAT GOALS?
- Individualizing care screening follow-up treatment,
- Promotion access to care for the vulnerable population,
WHAT RESULTS?
- The three phases of the patient with hepatitis C are covered:
⇒ Screening and diagnosis of hepatitis,
⇒ Preparing the treatment of hepatitis C,
⇒ Followed by treatment of hepatitis C.
Green thread

Specific converted truck for POCT / FIBROSCAN

For homeless

4 different

5-15 people

Sociological evaluation

11% of HCV positive people
**Green Thread Résults**

### Type of people
- **Women**: 22%
- **Men**: 78%

### French?
- **Yes**: 68%
- **No**: 32%

### Age
- **< 16 ans**: 4%
- **16 - 24 ans**: 17%
- **25 - 44 ans**: 49%
- **45 - 64 ans**: 29%
- **> 65 ans**: 4%

### First screening?
- **Yes**: 68%
- **No**: 32%

### Other categories:
- **EU origin**: 24%
- **ALCOOL**: 26%
- **Professional accident**: 3%
- **No SSR**: 17%
- **PWID**: 4%
- **Nasal PW**: 9%
- **Homeless**: 16%
- **None**: 17%
Patients’ words

- Free access
- Closeness (outside hospital)
- Speed (of the results)
- Availability (of nurse and social workers)
Highlights

- Reactivity of supported when 1st call structures (Fibroscan within 2 days) and rapid specialist consultation (within 3 days) and active dynamic patient care ➔ Easy link between outside structures and hospital hepatology unit

- Extension of screening for outpatients, which complements existing screening offer ➔ **proximity screening** to precarious patients and drug users living places ➔ geographical or social white areas

- Innovative concept that promotes the return of known HCV patients in circuit of care by facilitating access to Fibroscan then specialist consultation

- Training and coaching people in precarious with teams investment and adherence to project to increase number HCV patients supported, treated and cured
Conclusions

We need to provide services that meet the needs of high risk groups because treatment of DU was Ethical, Successful, and Useful
THANK YOU FOR YOUR ATTENTION!