

# 13 From HCV testing to treatment in social relief centres in Amsterdam

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Detecting **HCV-positive** residents of social relief shelters and visitors to walk-in centres



An urban area of **~1.1 million<sup>1</sup>**

Amsterdam, The Netherlands



**Aim:** a model of care, 'proof-of-concept' study by De Regenboog, the Mainline Foundation and the Public Health Service of Amsterdam to inform the effectiveness of providing HCV screening and linkage to care (LTC) in social relief shelters and walk-in centres in Amsterdam

## Why is the model 'proof-of-concept' needed?

**0.1–0.4%** HCV infection in The Netherlands primarily occurs in high-risk groups and key target groups have been identified and prioritised for treatment<sup>2,3</sup>

HCV seroprevalence in the general population in The Netherlands<sup>3</sup>

- PWID
  - HIV+
  - Prisoners
  - High risk HIV-negative MSM
  - Migrants from endemic countries
  - Haemophilia patients born before 1992
- People with a high risk for HCV infection (e.g. unsafe IDU, high-risk MSM, unsafe tattoos) who do not receive medical care or methadone treatment are often lost to mainstream healthcare

2014 survey:

86 clients of walk-in centres in Amsterdam who were ever drug-users<sup>4</sup>

**91%** had risk of HCV infection

Only **22%** tested for HCV

Of the **3%** who were HCV+

**0** treated for HCV

## What is the model and how does it work?<sup>5</sup>

This 'proof-of-concept' study is a collaboration between community and public organisations



- ✓ Public Health Service of Amsterdam (GGD Amsterdam)
- ✓ Nurses and social relief centre personnel
- ✓ Treating physician at referral hospital

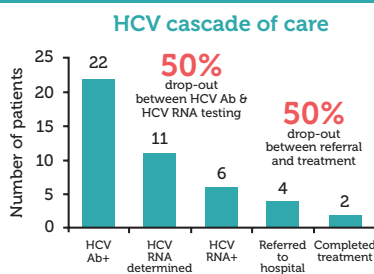


## Interventions used to enhance HCV testing, LTC and treatment uptake

- Nurse-led rapid HCV antibody testing (OraQuick® test) at low threshold settings (social relief centres)
- Onsite HCV education for support staff and clients
- Off-site HCV RNA testing with facilitated referral and non-invasive liver disease assessment using transient elastography

## Outcomes and future directions<sup>5</sup>

- 233** of ~500 clients completed risk checklist
- 90%** self-reported risk of HCV
- 225** screened for HCV Ab
- 9.8%** anti-HCV Ab+



- Reasons for high drop-out**
- Patient not presenting for referral/treatment
  - Patient not motivated to undergo treatment
  - Patient not referred
  - Patient does not want venous blood draw
- Lessons learnt**
- Provide targeted information to clients & staff
  - Appoint 'hepatitis ambassadors'
  - Monitor and supervise HCV+ patients
  - Onsite HCV RNA testing after a positive HCV Ab result is recommended
  - Proof-of-concept onsite HCV Ab & RNA testing with finger-stick blood sample

This research confirms that clients in social relief centres form a risk group for HCV who should be tracked and prioritised for HCV screening and LTC in accordance with the advice of the Health Council

The prevalence of HCV and risk of HCV infection are high amongst clients who use social relief centres in Amsterdam, confirming that an onsite 'test-and-treat' approach in these environments will be the optimal model of care. High drop-out rates between screening, referral and treatment suggest that extra attention is required to ensure clients receive treatment

\*5 workshops were held prior to screening, 3 at a later date, 1 planned; workshops were not possible in 5 locations

1. World population review – Amsterdam Available at: <http://worldpopulationreview.com/world-cities/amsterdam-population/> (accessed August 2019); 2. Vriend HJ, et al. Epidemiol Infect 2013;141:1310–7; 3. Kracht P, et al. Hepatol Med Policy 2018;3:12; 4. Hepatitis C voorlichting en counselingcampagne onder (ooit) injecterende druggebruikers in Amsterdam, 2014. Available at: [http://www.hepatitisinfo.nl/projecten/bewustzijnsbevordering/DU2813\\_Hepatitis-Cvoorlichting-en-counselingcampagne-onder-ooit-injecterende-druggebruikers-in-Amsterdam-2014201](http://www.hepatitisinfo.nl/projecten/bewustzijnsbevordering/DU2813_Hepatitis-Cvoorlichting-en-counselingcampagne-onder-ooit-injecterende-druggebruikers-in-Amsterdam-2014201) (accessed August 2019); 5. Logtenberg-van der Grint H, et al. Tijdschr Gezondheidswet 2019; <https://doi.org/10.1007/s12508-019-0234-6>. IDU: injecting drug use; MSM: men who have sex with men; PWID: people who inject drugs