

Go-come back-cure for HCV management: the role of the continuous presence of the infectious disease (ID) specialist at public health services dedicated to the assistance of addicted subjects (SerD) in Italy

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Introduction/Summary

- Since 2018, Italy has been one of 12 countries on the path towards achieving the WHO's 2030 HCV elimination target (1).
- Screening should be targeted primarily at populations with a higher risk of infection and disease progression, such as people who inject drugs (PWID) (2-4).
- Hospital ID specialists regularly went to the four SerD offices for the screening and treatment of HCV infection.

Study Design

- Adhering to a regional program, hospital ID specialists regularly went to the four SerD offices for the screening and treatment of HCV infection.
- Close collaboration was organized between the healthcare providers for drug addiction services (SerD HCPs) and the infectious disease specialists

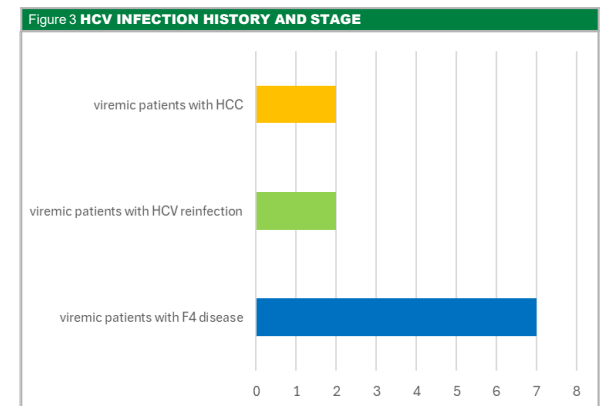
Patients belonging to the SerD who were newly admitted or who had undergone HCV screening for over 1 year were offered screening and treatment for HCV infection.

Methods

- Blood tests and drug collection took place at the SerD offices.
- Based on clinical judgment, the ID specialist scheduled a liver ultrasound at the hospital gastroenterology service.

Results

- During one year of activity, 449 people were screened for HCV and 65 tested positive for antibodies (14.4%); 23 patients were found to have HCV infection (5.1%).
- Among the viremic patients, 18 accepted therapy with direct antiviral drugs (DAA) with infection eradication, 1 patient refused therapy and 4 dropouts were observed.
- Of 22 viremic patients a 30% of patients were with F4 disease confirmed by ultrasound,
- 10% of viremic patients were HCV reinfection (with previous treatment for HCV infection) and 2 patients had hepatocellular carcinoma (HCC) and were directed to integrated infective-gastroenterological treatment.
- Some patients did not show up at the first visit but were seen at the next one for the start of treatment.

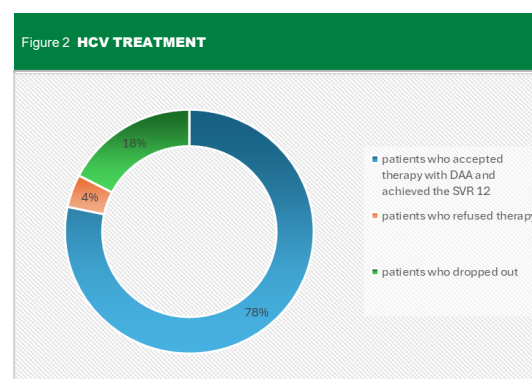
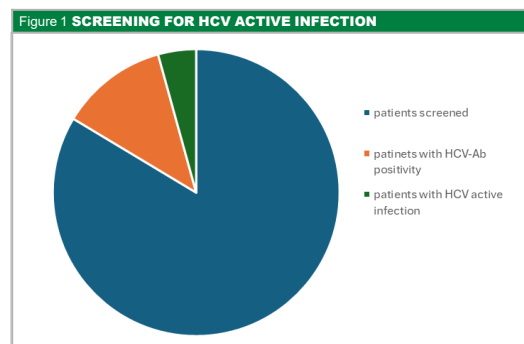


Safety

- Treatment prescription was telematic and regardless of liver stage of fibrosis, as for national protocols. (5)

Conclusion

- PWID is a hard to reach population with highest risk of HCV infection, reinfection and disease progression.
- This go-come back- cure approach of the ID specialist at SerD offices may increase case finding, compliance to diagnostic tests and treatment and may also be crucial for management of cases of progression and comorbidity of the disease and for the strengthening of retention in care over time.



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