



PARIS

FAST-TRACK CITIES 2024

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AM I “STILL” POSITIVE FOR HCV?

A Study for detection of HCV RNA through molecular testing in the privileged space of an ETET (Oeiras/Cascais)

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Background

- Portugal is referred to as an international example on the path towards the elimination of chronic viral hepatitis
- Treatment is available to all people living with hepatitis C
- Friendly policies regarding drug use – No criminalization
- Lack of national data

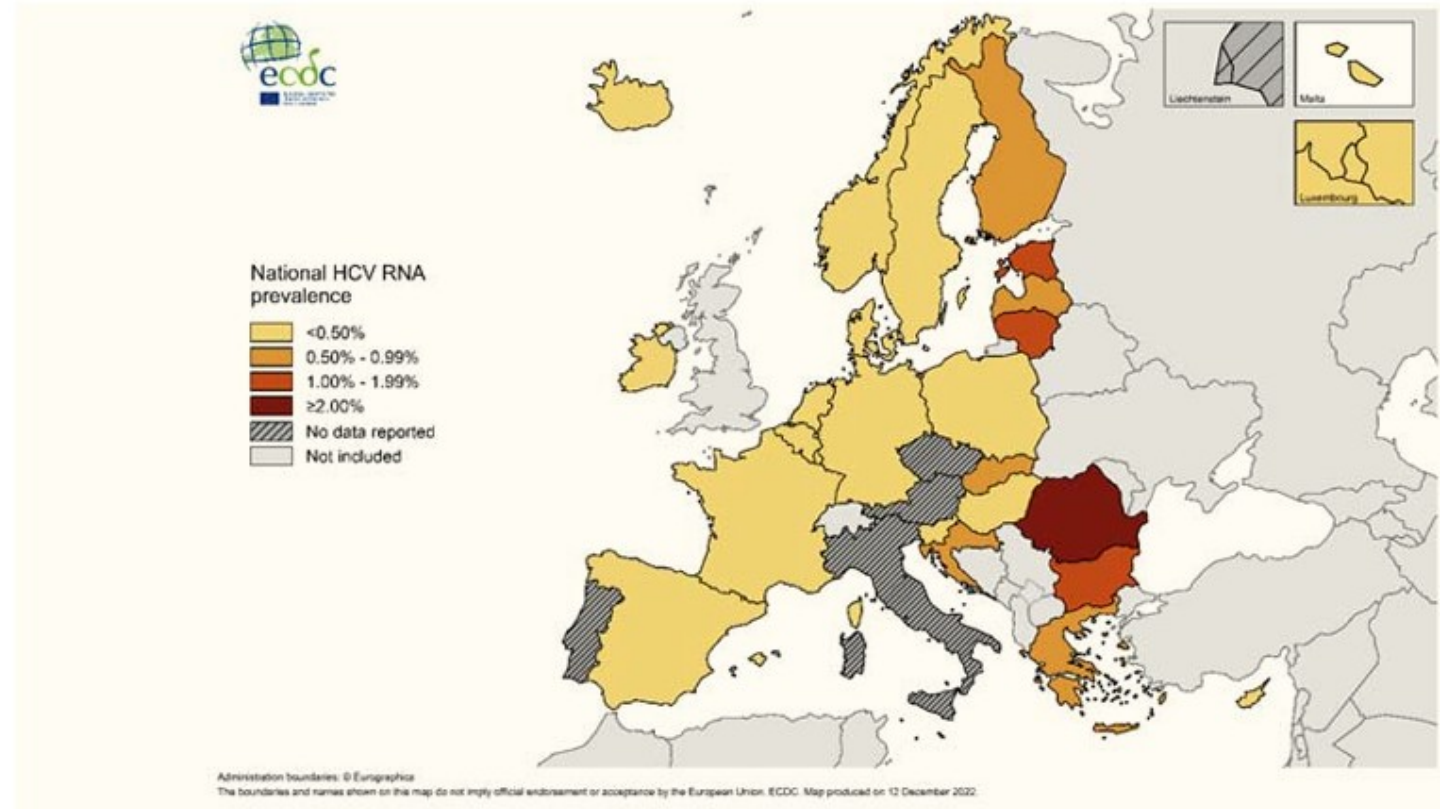
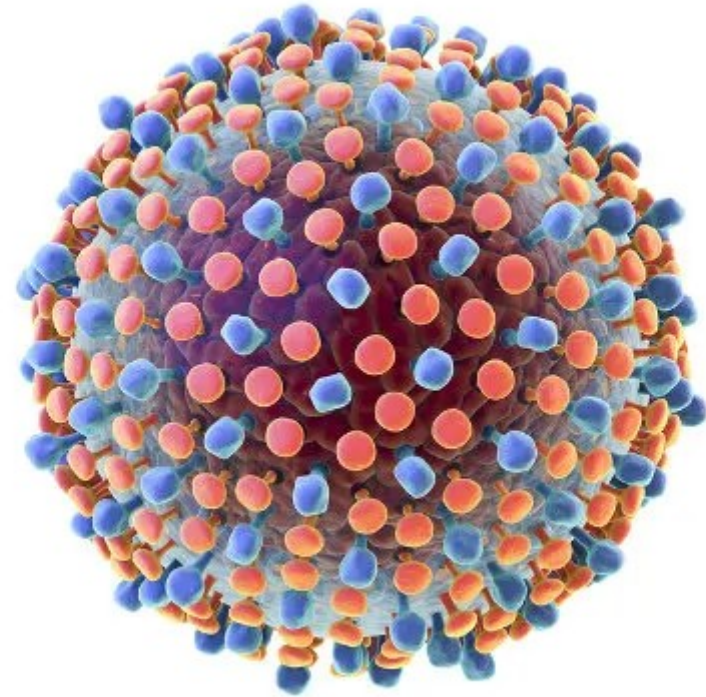


Fig. 1. National Hepatitis C RNA Prevalence Estimates, 2022

Hepatitis C

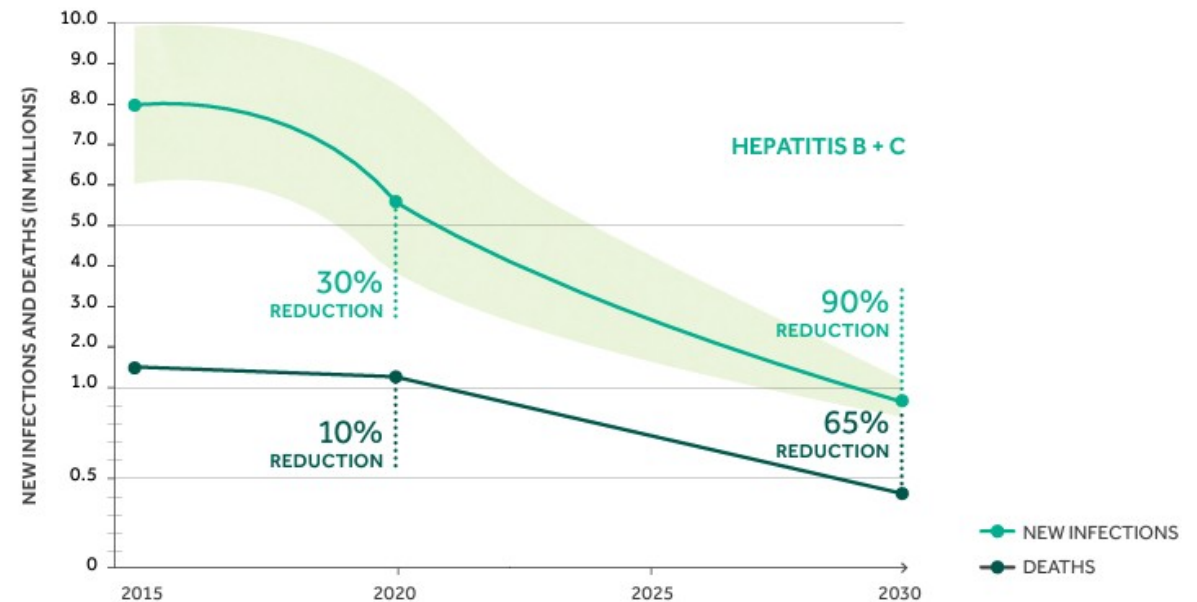
- Asymptomatic for a long time
- Doesn't have vaccine
- Possible reinfection
- Can progress to liver carcinoma and death
- Epidemiologically complex disease
- Affects a wide variety of vulnerable populations



Hepatitis C

- Low awareness among health professionals and the general public
- Long way to achieve 2030 Sustainable Development Goal of eliminating viral hepatitis as a public health problem
- We need a strong multidisciplinary approach, based on solid epidemiological data

Figure 6. Targets for reducing new cases of and deaths from chronic viral hepatitis B and C infection

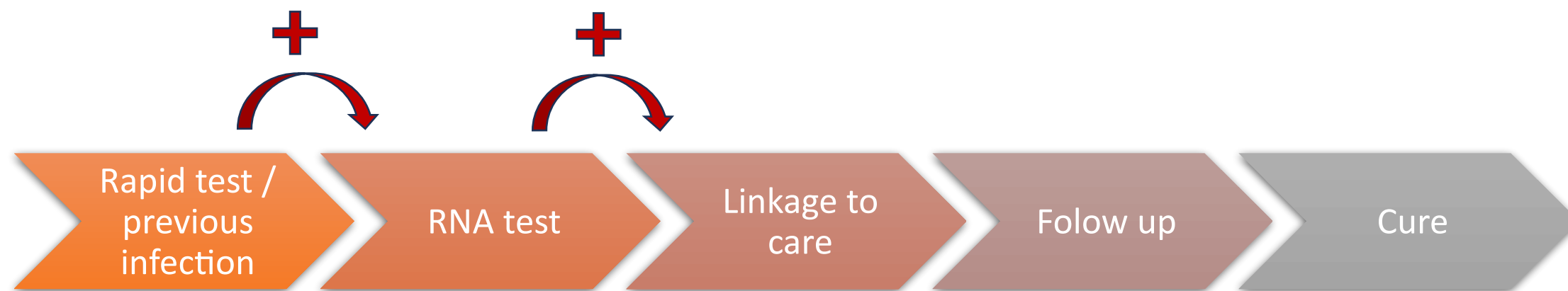


Source: Global health sector strategy on viral hepatitis 2016-2021, WHO, 2016

Our project: *Am I “still” positive for HCV?*

- Partnership with a Specialized Technical Treatment Team (ETET Eixo Oeiras/Cascais) to PWUD
- Outreach intervention
- Integrated rapid screening (HIV, hepatitis B and C and syphilis)
- RNA tests for HCV
- Distribution of prevention material
- Linkage to care

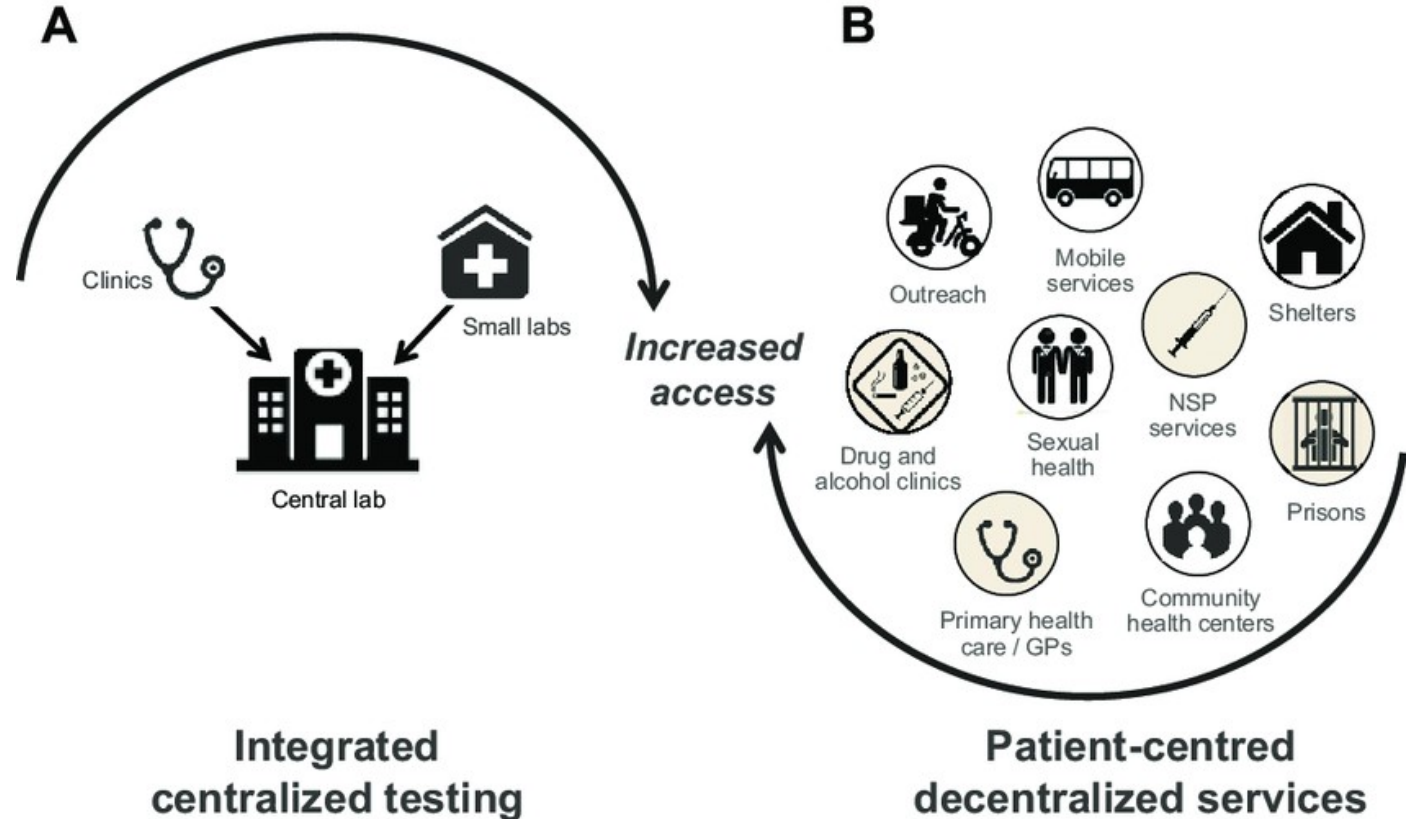




↳ The impossibility of detecting active infection with rapid tests (anti-HCV) results in the need to detect HCV RNA

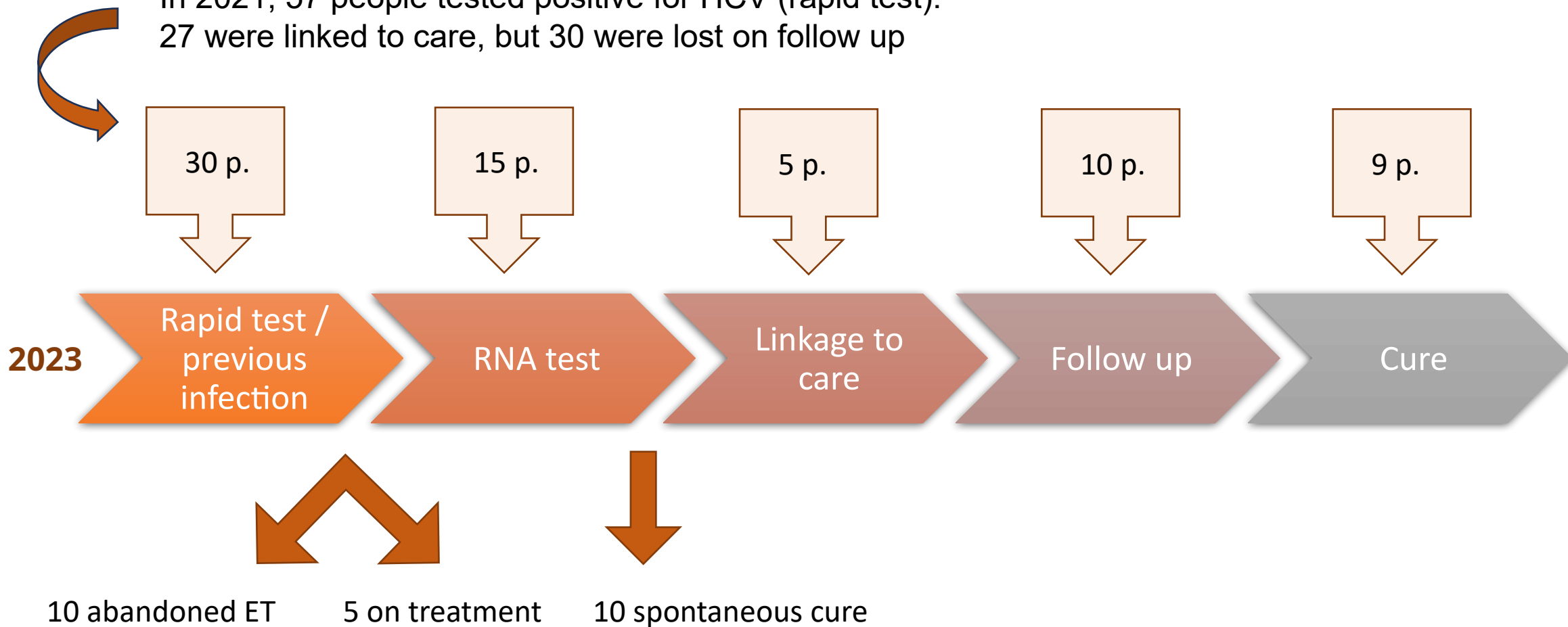
Advantages:

- Decentralized care
- Eliminates steps and facilitates linkage to care
- Decreases the burden of formal healthcare services (HCS)
- Prevents losses in treatment cascade
- Removes physical and emotional burden that intravenous blood collection has on PWUD



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In 2021, 57 people tested positive for HCV (rapid test).
27 were linked to care, but 30 were lost on follow up



Conclusion:

- ✓ Although the costs of molecular testing material are higher than rapid anti-HCV tests, the evidence and impact seems to be significant.
- ✓ The diagnostic method in an informal context and close to people, is easy to collect and seems to enhance linkage to care and therapeutic success for PWUD.
- ✓ At a macro level, there is a reduction in the number of hospital referrals, highlighting the importance of decentralizing care, in the various phases of the treatment cascade.
- ✓ If rapid tests and RNA tests are made at the same moment, losses in the cascade of treatment can be reduced.

