

REFERRAL AND COUNSELING TO THE HCV PERSON

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INTRODUCTION:

The population of the Specialised Technical Treatment Team (ETET) of Barreiro consists of people with adult psychoactive substance use (SPA), mostly male, aged 35–54 years and integrated into pharmacological programmes (Methadone, Dissulfiram, Naltrexone or Buprenorphine)⁵.

In 2017, it was noticed that about 65% of this population yielded positive serologies for HCV and about 10% positive serologies for VIH⁵.

The ETET in Barreiro implemented a project to contribute to the identification and treatment of people with hepatitis C virus (HCV) infection in partnership with the specialist consultation of the Barreiro Montijo Hospital Center (CHBM).

This intervention took into account the **recommendations of the Directorate-General for Health and the World Health Organization (WHO) that prioritise interventions targeting populations vulnerable to this infection**, and Portugal assumed the WHO goal of **eliminating hepatitis C by 2030**, particularly in users of psychoactive substances (SPA)^{3,4}. It has contributed to the fact that the adverse effects of the new medication, Direct-Action Antivirals (DAA), are drastically smaller compared to the medication used so far, making treatment more accessible to more people^{1,2}.

The primary objective of this study was to compare the proportion of people who successfully completed treatment (SVR12) before and after the implementation of this project.

65%
+VHC

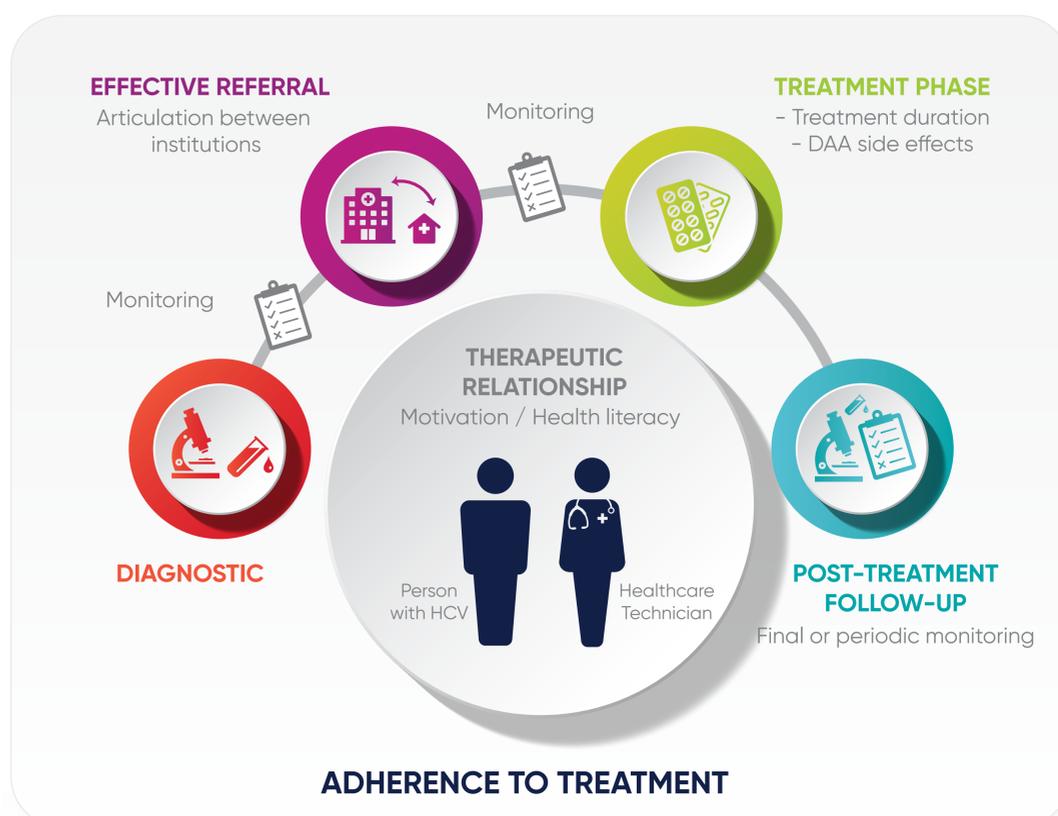
10%
+VIH

METHODS:

The project to refer people with HCV under follow-up at ETET included:

- Establishment of **direct contact between ETET and CHBM's Infectious Disease/Internal Medicine Service**, aiming at simplifying and reducing the different stages of the treatment process;
- Centralisation of the entire referral process in 2 ETET nurses;
- Use of **personalised nursing consultation** focusing on health literacy and promotion of treatment adherence (monitoring of therapeutic intake and reinforcement of information about the treatment process);
- Regular communication via telephone and other (email, face-to-face, ...) **for appointment and exam scheduling**, initiation of therapy and follow-up consultations.

In December 2018, the proportion of people who achieved SVR12, and those linked to health care (i.e. attended at least one specialty medical consultation after referral), were compared before and after the implementation of the intervention in April 2017.



FINDINGS:

The number of people with positive serology for HCV followed in ETET was 403 until March 2017 and 391 between March 2017 and December 2018. The proportion of people who achieved SVR12 increased from 15.1% (n = 61) to 27.8% (n = 112), and the proportion of people linked to health care increased from 40.9% (n = 165) to 64.8% (n = 261).

	UNTIL MARCH 2017	IN DECEMBER 2018
Individuals with positive serology for HCV	N=403	N=391 (403-12)
Individuals in Consultation	N=104 (25,8%)	N=149 (38,1%)
Individuals with SVR	N=61 (15,1%)	N=112 (27,8%)
Individuals in Cascade care	N=165 (40,9%)	N=261 (64,8%)

CONCLUSION:

Optimised articulation between health institutions and personalised intervention have been associated with a positive impact on finalizing treatment for HCV infection in the population. It is a gain, since coordinated HCV treatment interventions that include **screening, education and articulation between health services** lead to **better outcomes at lower costs**⁶.

There was also a **decrease in the consumption of PAS** by people taking HCV medication at least during this period, and in some cases this decrease was maintained even after treatment.

It was also observed the **referral to other areas of specialty** (gastroenterology, internal medicine, cardiology, neurology, etc.) for health needs identified during the course of the follow-up carried out.

The use of **nursing consultation** was fundamental in achieving the results since in the treatment of people dependent on PAS, it is relevant to identify their specific needs, i.e., it is important to identify the phase of the life cycle in which the person is, as well as consider risk factors and protective factors individually, from a perspective of health and social welfare gains⁷.

We have no conflicts of interest to disclose.

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