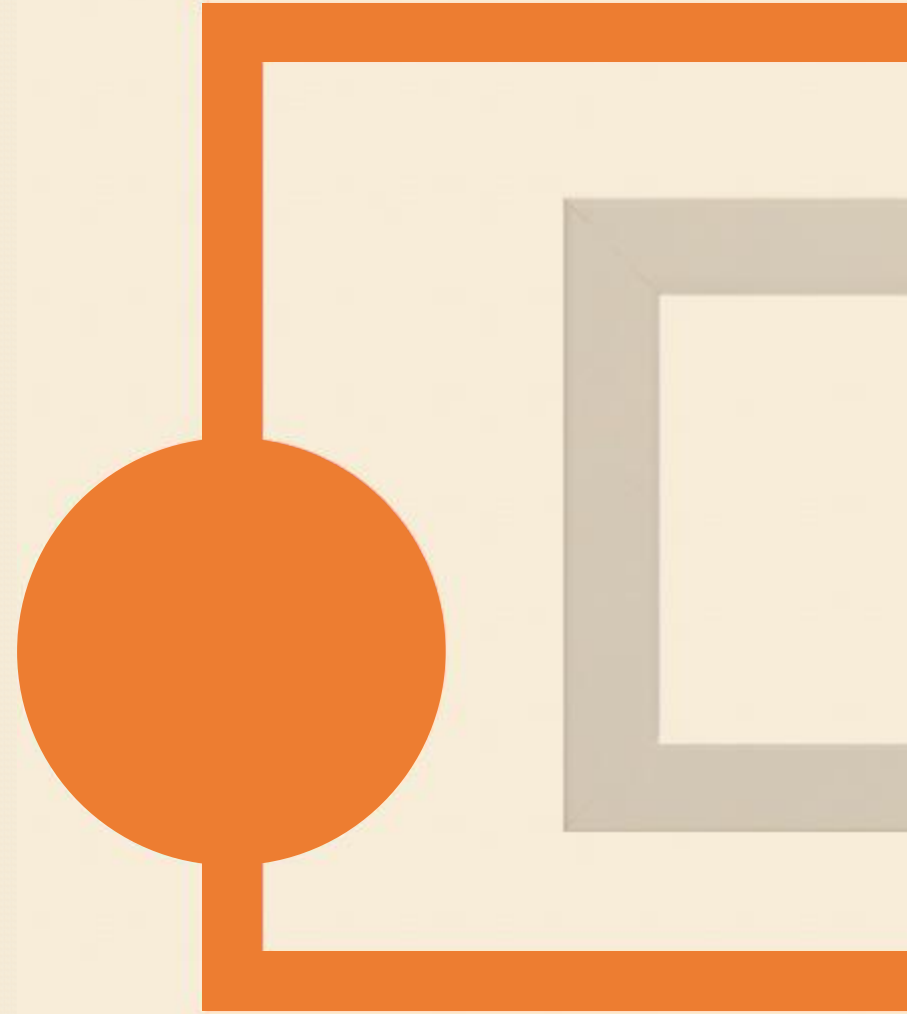


# **The Copenhagen test and treat hepatitis C in a van Study: Treating marginalized groups with a peer-driven model**

**Demant J<sup>1</sup>, Lazarus JV<sup>2</sup>, Øvrehus A<sup>3</sup>, Krohn-Deli L<sup>1,5</sup>,  
van der Veen J<sup>4</sup>, Weis N<sup>1,5</sup>**

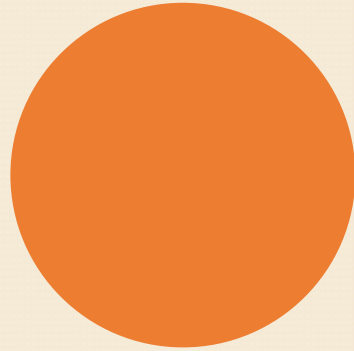
<sup>1</sup>Department of Infectious Diseases, Copenhagen University Hospital, Hvidovre, Copenhagen, Denmark <sup>2</sup>Barcelona Institute for Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Barcelona, Spain,

<sup>3</sup>Department of Infectious Diseases, Odense University Hospital, Odense, Denmark, <sup>4</sup>Users Academy, Copenhagen, Denmark, <sup>4</sup>Department of Infectious Diseases, Copenhagen University Hospital, Hvidovre, Copenhagen, Denmark, <sup>5</sup>Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark



# DISCLOSURE OF INTEREST STATEMENT

The mobile clinic is supported by the Danish Helsefonden (Health-Fund) and Sundhedsstyrelsen (Danish Health Authority). This study was supported by AbbVie (grant number SA-02643), Gilead Science (grant number 220001768) and MSD (financial educational grant signed 5/7/2019). JVL acknowledges support to ISGlobal from the Spanish Ministry of Science, Innovation and Universities through the “Centro de Excelencia Severo Ochoa 2019-2023” Programme (CEX2018-000806-S) and from the Government of Catalonia through the CERCA Programme. JVL further acknowledges grants and speaker fees from Gilead Sciences and MSD, and speaker fees from Genfit and Intercept, outside of the submitted work. AØ reports grants, personal fees and other from AbbVie, Gilead Sciences and MSD, outside of the submitted work. JD reports grants from AbbVie, Gilead Sciences and MSD, outside of the submitted work. NW reports unrestricted grants and personal fees from AbbVie and Gilead Sciences, and grants and personal fees from GSK and MSD, outside of the submitted work. LK-D and JV have nothing to disclose.



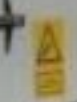
**BACKGROUND**



ELANCEN  
stofindtagelsesrum

# FIXELANCEN

Stofindtagelsesrum



18-238





SPRIT- og VANDTANK

Ud af C'eren



Brugernes Akademi

**Aftale  
om Socialforvaltningens overdragelse af den tidligere fixelance til  
Brugernes Akademi**

På Socialudvalgets møde den 16. august 2017 besluttede udvalget at imødekomme ansøgningen fra Brugernes Akademi om at overtage det køretøj, Renault Master L4 chassis nr. VF6VJURF448418577, som Socialforvaltningen tidligere benyttede som fixelance.

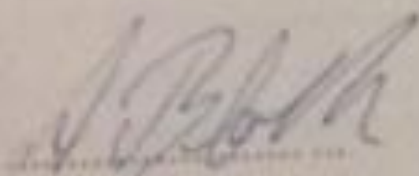
Brugernes Akademi overtager og afhenter køretøjet i sin nuværende stand. Denne aftale må ikke påføre Socialforvaltningen fremtidige omkostninger. Brugernes Akademi sørger selv for forsikring og er selv ansvarlig for at indhente relevante godkendelser hos andre myndigheder, hvis køretøjets fremtidige anvendelse kræver dette. Overdragelsen sker i øvrigt på de vilkår, der er beskrevet i Socialudvalgets beslutning.

Der vedlægges:

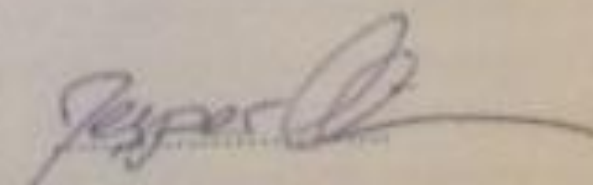
- Socialudvalgets beslutning d. 16. august 2017, dagsordenens pkt. 12.
- Køretøjets registreringsattest.

Dato:

Dato:



Anja Plesner Bloch



Jesper Christensen







BRUGERNES  
AKADEMI



BRUGERNES  
AKADEMI



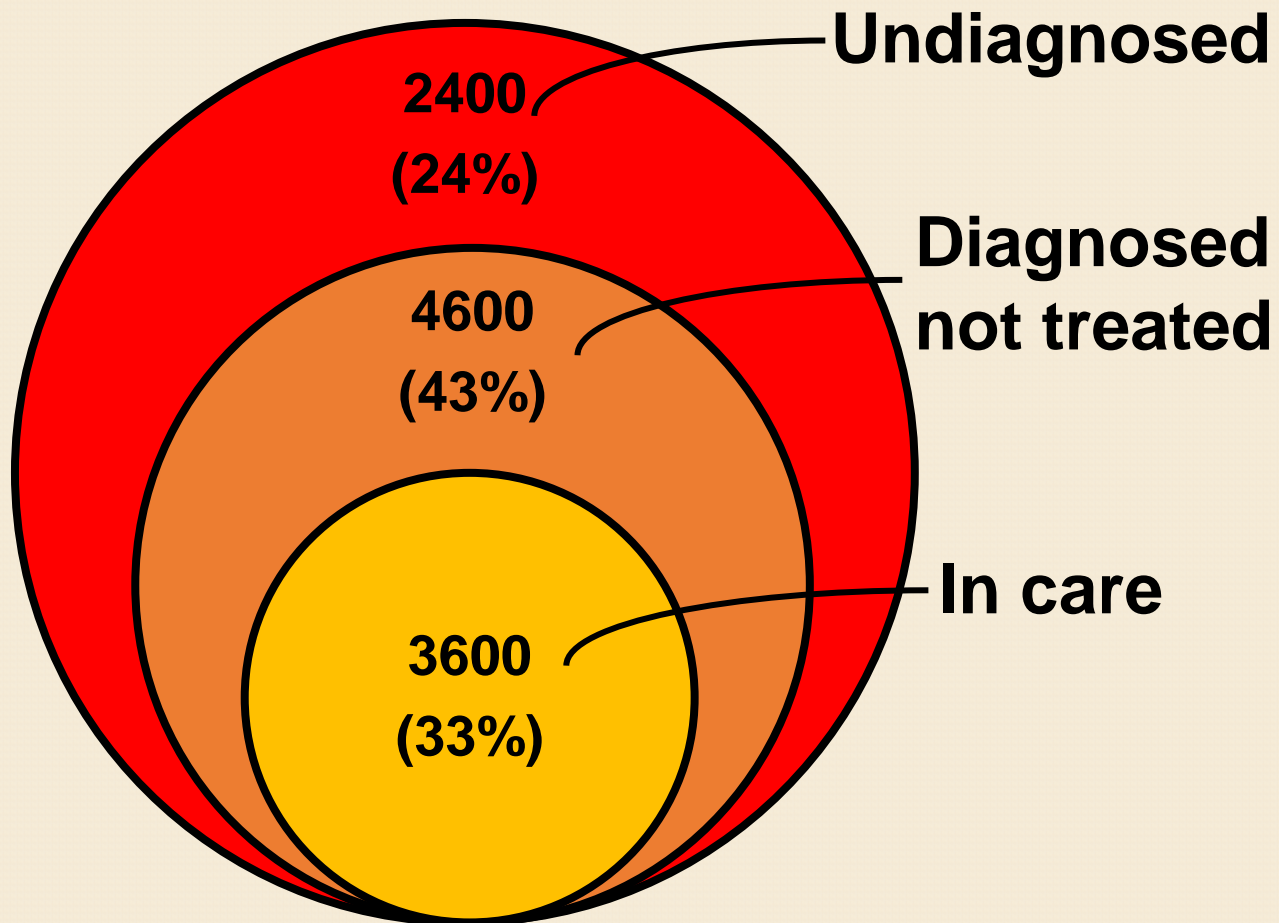
# **WHAT DO WE KNOW?**

## **Hepatitis C in Denmark**



# CHRONIC HEPATITIS C IN DENMARK

2016 prevalence:  
9,975 individuals  
(0.21)



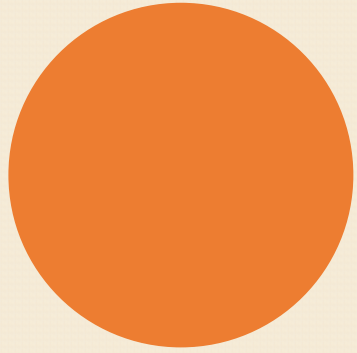
Incidence population:  
90% people who inject drugs

No valid data on current  
injectors

Prevalence has declined  
from 0.35 in 2007 to 0.21 in  
2016

## **WHY HAS HCV PREVALENCE DECLINED IN DENMARK?**

- **High mortality**
- **Higher cure rate**
- **Low prevalence in young people and fewer young injectors**
- **Better coverage of Harm reduction, OST**



**WHY DO THE STUDY?**





# WHY DO THE STUDY?

2016: 9,975 (0.21)

Undiagnosed

2400  
(24%)

Diagnosed  
not treated

4600  
(43%)

3600  
(33%)

- Problems with access to testing
- Problems with linkage to care
- Test and referral via GP

## **WHY DO THE STUDY?**

- **Bring testing into the community**
- **Simplify the pathway to care**
- **Treating the most marginalized**

## **MODEL OF CARE**

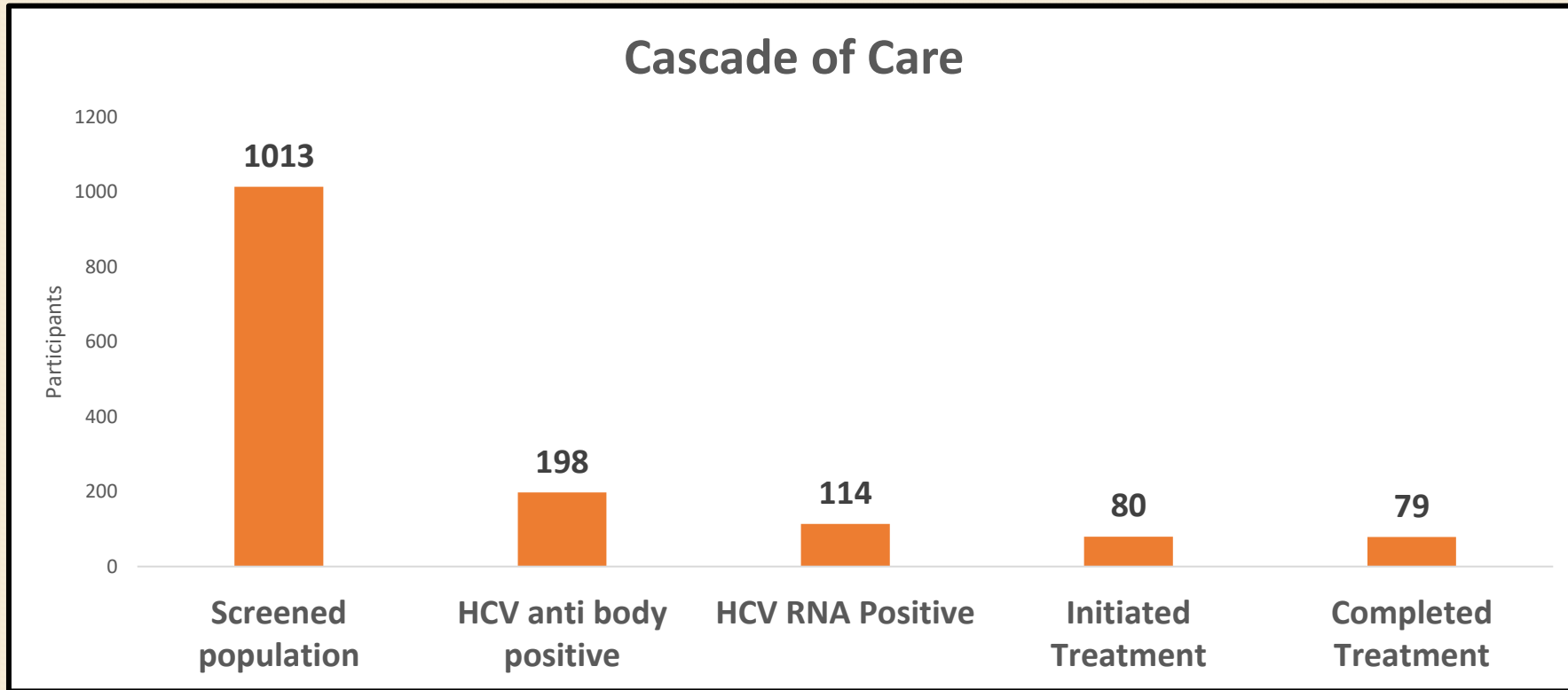
- **Parked the van in the open drug scene, Copenhagen**
- **Twice a month visiting other sites in Copenhagen**
- **Ab testing (In-Tech™) in the mobile unit**
- **GeneXpert® machine in the mobile unit (Xpert HCV Viral Load Fingerstick PoC Assay, Cepheid)**
- **Peer support, counselling and assisted referral to fast-track clinic for treatment**
- **Peer-led by User's Academy with on-site healthcare students**



The image features a minimalist design on a light cream background. On the left, there is a large, irregular orange shape that resembles a stylized flame or a cloud. In the center, a solid orange circle is positioned above a grey rectangular frame. This frame is composed of two nested rectangles, with the inner one being smaller and centered within the larger one. To the right of these elements, the text "WHAT DID WE LEARN?" is written in a bold, black, sans-serif font, arranged in two lines.

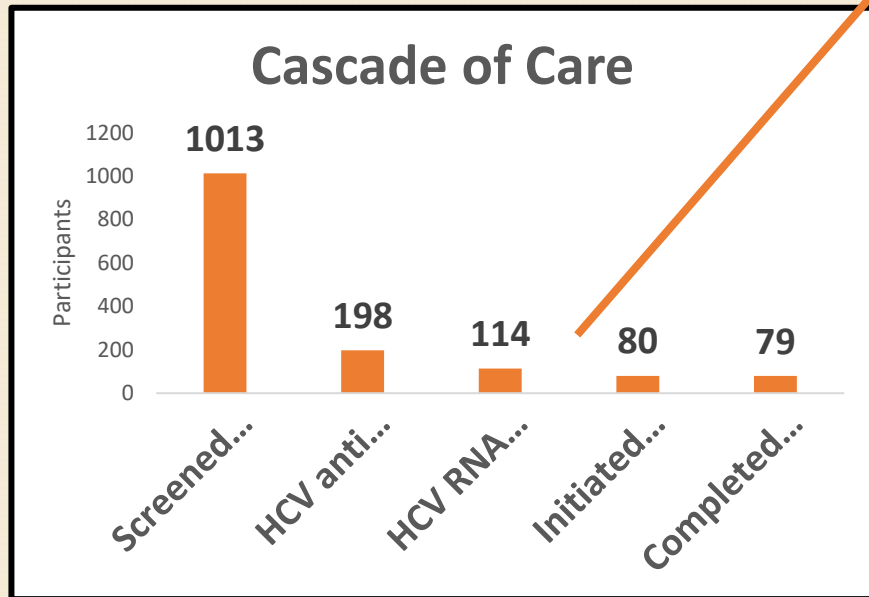
**WHAT DID WE  
LEARN?**

# RESULTS



**Study period: 1st May 2019 – 1st December 2021**

# RESULTS



## Primary reasons for not initiating treatment

- 11 non-Danish/no legal access to care
- 9 cleared spontaneously
- 5 deceased
- 4 lost to follow-up
- 2 refused treatment
- 2 awaiting treatment
- 1 severe comorbidity



## **RNA+ PARTICIPANTS - ACCESS TO TEST AND TREATMENT**

- 48% had not been tested previously
- 42% were known with CHC in the patient medical record but not treated
- 76% were currently enrolled at an addiction treatment center

## **TREATED PARTICIPANTS - MARGINALIZATION**

- 90% injected drugs on a weekly or daily basis
- 50% had a history of moderate to severe mental illness
- 53% were in unstable housing
- 24% born outside Denmark/migrant

## CONCLUSION AND NEXT STEPS

- A peer-led point-of-care service is a model that can engage marginalized groups in HCV testing and link them to treatment.
- Being a migrant/non-Danish was a major cause for not accessing care, which poses a challenge for HCV elimination in Denmark due to the risk of onward transmission.
- The next steps include engaging health authorities in order to provide care for the migrants at risk of HCV infection

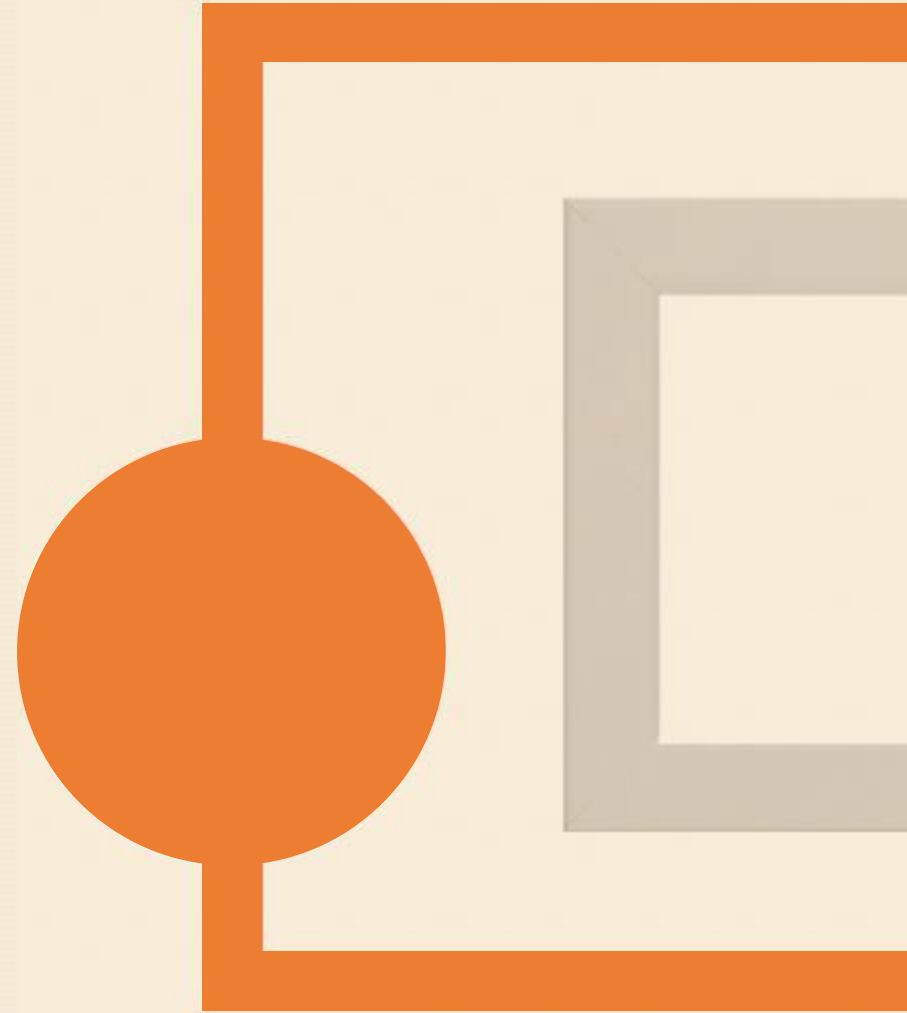
# THANK YOU!

**To everyone who visited the van**

**To the study group**

Nina Weis, Jeffrey Iazarus, Anne Øvrehus,  
Louise Krohn Dehli and Jannet van der Veen

**To the User's Academy**



**For more info, please contact Jonas Demant: [jonas.demant.hansen@regionh.dk](mailto:jonas.demant.hansen@regionh.dk)**