

Challenges of HCV Testing

People who Inject Drugs

*Jason Farrell, Resource Administrator
European HCV and Drug Use Initiative
Correlation Network*

Correlation Network

- European network since 2004
- Access to health and social services for marginalised groups
- Financed 2004 – 2013 by EC, DG Sanco
- More than 150 partners in all European countries
- Hepatitis C Initiative financed by DG Justice, DPIIP

Presentation Overview

- HCV Prevalence
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- Interventions
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HCV Prevalence

- A total number of 30,607 hepatitis C (HCV) cases were reported by EU member states in 2012₃.
- However, only 13 countries were able to define cases as chronic₃.
- In most countries injection drug use accounts for 30 to 60% of reported HCV cases₃.
- HCV incidence ranges from 5% to 45% among PWID per year₇.
- Globally there is an estimated HCV prevalence rate of 67% among PWID, around 10 million infected₇.
- WHO data presented at 2010 HBV and HCV summit indicated 86,000 die each year in Europe from HCV₂.
- The absence of accurate national surveillance and notification systems also contributes to underreporting of HCV₇.

The Research

- Several studies show that based upon quality adjusted life years (QALYs) screening PWID for HCV is cost effective⁴.
- Dried blood spot or rapid testing is more acceptable to service users than venepuncture testing, and is associated with increased testing⁵.
- EMCDDA evidence shows, treatment of PWID may be one of the best ways to contain the burden of HCV, contrary to existing guidelines that discourage treating active injectors³.
- The underlying principle of the 'treatment as prevention' approach, is sustained viral responses (SVR) would result in reduced transmission rates³.

Recommended Interventions

Interventions aimed at raising awareness or engaging with PWID at risk of HCV infection, can include⁵:

- Dried blood spot or rapid testing in drug service centres and prisons
- Case-finding and education in primary care
- Testing and treatment in community based settings
- Interventions to increase knowledge such as peer outreach workers
- National awareness campaigns
- GP educational sessions

Screening & Testing

- Apparently all EU countries (28) offer HCV testing, the question is to whom, where, how often and how accurate¹.
- Inadequate disease surveillance systems underreport acute and chronic infections, so the full extent of the problem is unknown².
- People with HCV often have inadequate access to testing, social support and medical management services¹.
- Surveys conducted by ELPA suggest that up to 90% of infected people in the EU are unaware of their status¹.

Where Is The Testing

- Because of stigma, risk perception, and illegality, PWID face barriers within formal health care systems⁶.
- Nevertheless HCV testing for PWID tends to be located in drug treatment and correctional facilities⁵.
- The Euro Hepatitis Index 2012 shows 2 countries providing free anonymous HCV testing; and only 4 countries providing HCV community testing¹.
- However the recent Cobatest survey reported, 55 HIV community testing services in 22 countries⁶.
- Of the 22 countries reporting community testing, 16 use HIV rapid tests⁶.

Policy Barriers

- Community testing and peer delivered services have been proven to be the most effective⁶.
- Many countries do not allow or offer HCV rapid testing and do not provide community based testing for HCV¹.
- Community (HIV) testing targeting MSM communities promote and use peer driven models⁶.
- Community (HIV) testing targeting PWID has been reported to use a medical model, requiring medical professionals to conduct testing⁶.

Policy Barriers

- Lack of reliable epidemiological data on HCV is one of the biggest hurdles to advancing policy₂.
- Targeted surveillance is urgently needed to correctly estimate the burden of HCV₂.
- There is a significant lack of knowledge and awareness about viral hepatitis among at-risk populations, members of the public and policymakers₂.
- Restrictive national drug policy and law enforcement are key drivers of the HCV epidemic among PWID₇.

NGO Challenges

- Harm reduction programs and needle and syringe programs (NSPs) are not funded for, nor have the capacity to implement HCV testing and treatment readiness/adherence interventions.
- Lack of funding prevents NSPs from distributing appropriate amounts of specific supplies needed to prevent transmission of HCV.
- Many NGOs working with PWID do not have dedicated staff for HCV screening, education or interventions.
- National policy creates barriers to access new treatment and for medical providers to partner with NSPs.

PWID Suggestions

- Free anonymous HCV community based rapid testing offered by peers⁷.
- PWID want access to treatment but stigma, policy, lack of funding and community based venues to get connected to care need to be readily available⁷.
- HCV testing, treatment access and support services should be located within harm reduction programs and/or NSPs; and provided at venues frequented by PWID⁷.
- As with HIV testing and services, PWID with HCV must be involved with developing, implementing and providing HCV services⁸.

Summary

- Free anonymous community based HCV testing, and walk-in facilities where appointments are not necessary, are clearly not easy to find in Europe.
- In order to increase testing among PWID, it is critically important to make these services as convenient and accessible as possible.
- Double standards in service delivery practices where MSM testing can use peers and when testing PWID can not, transportation, language, lack of anonymity, no health insurance and stigma all prevent access to testing.
- To eliminate HCV among PWID drastic changes and breaking of some taboos will be required⁷.

For Discussion

- Why is it that AIDS organisations have the funding, capacity and infrastructure to provide testing and harm reduction/NSP programs tend not to?
- Why are there such policies and practices that require medical personnel to conduct rapid testing to PWID and not for MSM communities?
- Why is it we can buy at home pregnancy and HIV test kits at pharmacies but trained peers can not go into the community and conduct rapid testing for HCV?
- Why is it that 22 countries provide HIV community testing and only 4 countries are providing HCV community testing?

References

- 1 - Euro Hepatitis Index 2012, European Liver Patient Association (ELPA)
- 2 - The State of Hepatitis B and C in Europe: Report from the HBV and HCV Summit Conference, Hatzakis A, et al, Journal of Viral Hepatitis, 2011
- 3 - EMCDDA/ECDC
- 4 - Infection with Hepatitis B and C Virus in Europe: A Systematic Review of Prevalence and Cost-effectiveness of Screening, Hahné et al. BMC Infectious Diseases 2013
- 5 - Assessing the Cost-Effectiveness of Interventions Aimed at Promoting and Offering Hepatitis C Testing to Injecting Drug Users: An Economic Modelling Report, Natasha K. Martin, Alec Miners, Peter Vickerman, February 2012
- 6 - HIV-Cobatest Project Cross-National Survey on the Implementation of CBVCT Programmes Quantitative Report 2012
- 7 - Prevention, Treatment And Care Of Hepatitis C Virus Infection Among People Who Inject Drugs, Bruggmann, P, Grebely, J, International Journal of Drug Policy 2014
- 8 - Personal communication with PWID and user groups in Europe

Thank You

Jason Farrell, Resource Administrator
European HCV and Drug Use Initiative

Correlation Network

jfarrell@correlation-net.org

+31 6 4848 7418