Background

The Chronic Liver Disease Foundation (CLDF), a nonprofit educational organization dedicated to increasing awareness of the effects of chronic liver disease in the US, HCV can be transmitted by sharing needles and syringes, sharing/housing injection drug equipment and accidental needle sticks due to improper disposal. In the US, in the misuse of opioids and heroin has become a public health crisis and is perpetuating the HCV epidemic.

According to the Centers for Disease Control and Prevention (CDC), 30 states reported increases in new HCV infections of more than 200%, compared with cases reported during 2010-2014. Injection drug use accounts for ~70% of new HCV infections.

To understand the importance of HCV in the recovery setting, the CLDF provided HCV education and screening to over 1,000 US individuals in 2017 and 2018. Results from a smaller cohort were presented at EASL 2019 as this program has been extended for an additional year.

Rationale

Despite HCV being recognized as prevalent in patients with Substance Use Disorders, most substance abuse treatment facilities in the US do not screen for HCV.

Lack of clinical staff and/or access to knowledgeable HCV experts, limits screening and disease management.

In response to this, in 2017, the CLDF designed and implemented “Triple E (Engagement, Education and Eradication)!” an integrated HCV program to improve the care of individuals with SUDs.

Aim

Expand the Triple E program to additional substance abuse centers throughout the US.

Educate substance abuse treatment centers personnel on HCV.

Provide support to these centers in order to screen individuals for HCV.

Link individuals who test positive to health care professionals for management and treatment.

Method

Substance Abuse Treatment Center Selection

CLDF staff contacted public health departments and addiction/recovery facilities with program opportunities for education and screening.

Staff Education

Prior to screening events, Hepatitis C education was provided to site staff.

Content included:

Risk factors, prevalence and transmission of HCV in the substance use disorder (SUD) population.

Description of the damaging effects of chronic HCV emphasizing the importance of screening, diagnosis and treatment.

Screening and counseling skills.

Patient Education

Live group and individual patient education and counseling provided by CLDF health care providers and hepatitis C counselors.

Content included HCV risk factors and transmission, symptoms, importance of having confirmatory tests and follow up with a health care provider.

Screening

Individual authorization obtained

OraQuick finger stick test performed.

Individual contacted by the Link to Care HCV provider with results and, if needed, management.

If positive, HCV-RNA confirmatory test is performed.

Individual is linked to an HCV provider in-person or via telemedicine.

Linkage to Care

Individual linked directly to CLDF network personnel for counseling and management via on-site hepatitis specialist.

Results

Education and Screening

Education and screening took place between December 2018 and October 2019.

750 health care providers and staff participated in education programs.

~2000 individuals participated in the patient education program.

1734 individuals were screened in 11 months.

Screenings included 30 substance abuse centers located in 7 states:

Figures 1-3

Table 1. Screening and Linkage to Care

Table 2. CLDF Triple E Hep C Screening Locations

Table 3. CLDF Triple E Hep C Educational Outcomes Data

References


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