

# Making hepatitis C screening and treatment more accessible for people who use drugs and homeless people: A test and treat Mobile Unit in Catalonia

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# Objectives

- 1.** Carry out universal Hepatitis C screening in services for people experiencing drug addiction and/or homelessness, facilitating on-site treatment.
- 2.** Opportunistic testing and linkage to care for Hepatitis B virus and HIV.
- 3.** Promote a space for health education around communicable diseases.

# Assistance and care steps

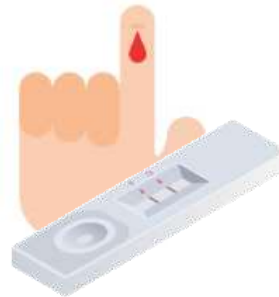


Drug Centers

Services for people experiencing homelessness



Informed consent, counselling pre test, health promotion



Rapid tests:  
. Anti-VHC  
. VIH and HBsAg



Genexpert® to confirm active HCV RNA



Fibroscan® to assess liver fibrosis and blood tests  
\*in some cases

Visit #1

# Assistance and care steps

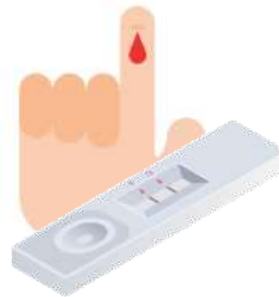


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Rapid tests:  
· Anti-VHC  
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Referral made by the centers;

People can be accompanied by center's staff or Red Cross volunteers.



While hospitals prescribe VHC treatment, dispensing and monitoring is done by the centers.

Drug users not always need to attend hospital to start VHC treatment.

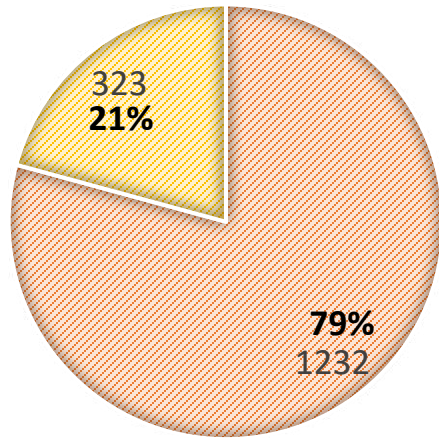
Visit #1

Visit #2

# Results

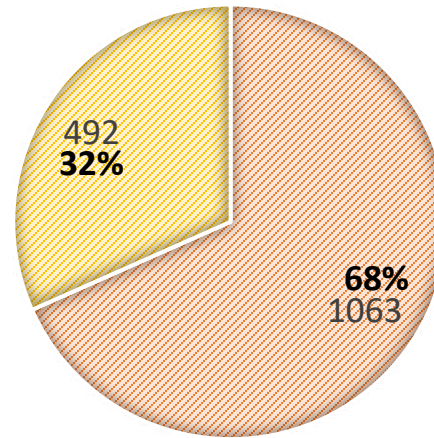
1,555 people were tested from June 2021 to November 2023 📍

### GENDER IDENTITY



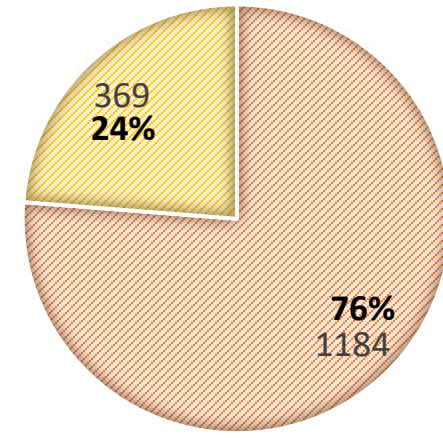
■ Identify as a Man   ■ Identify as a Woman

### COUNTRY OF ORIGIN



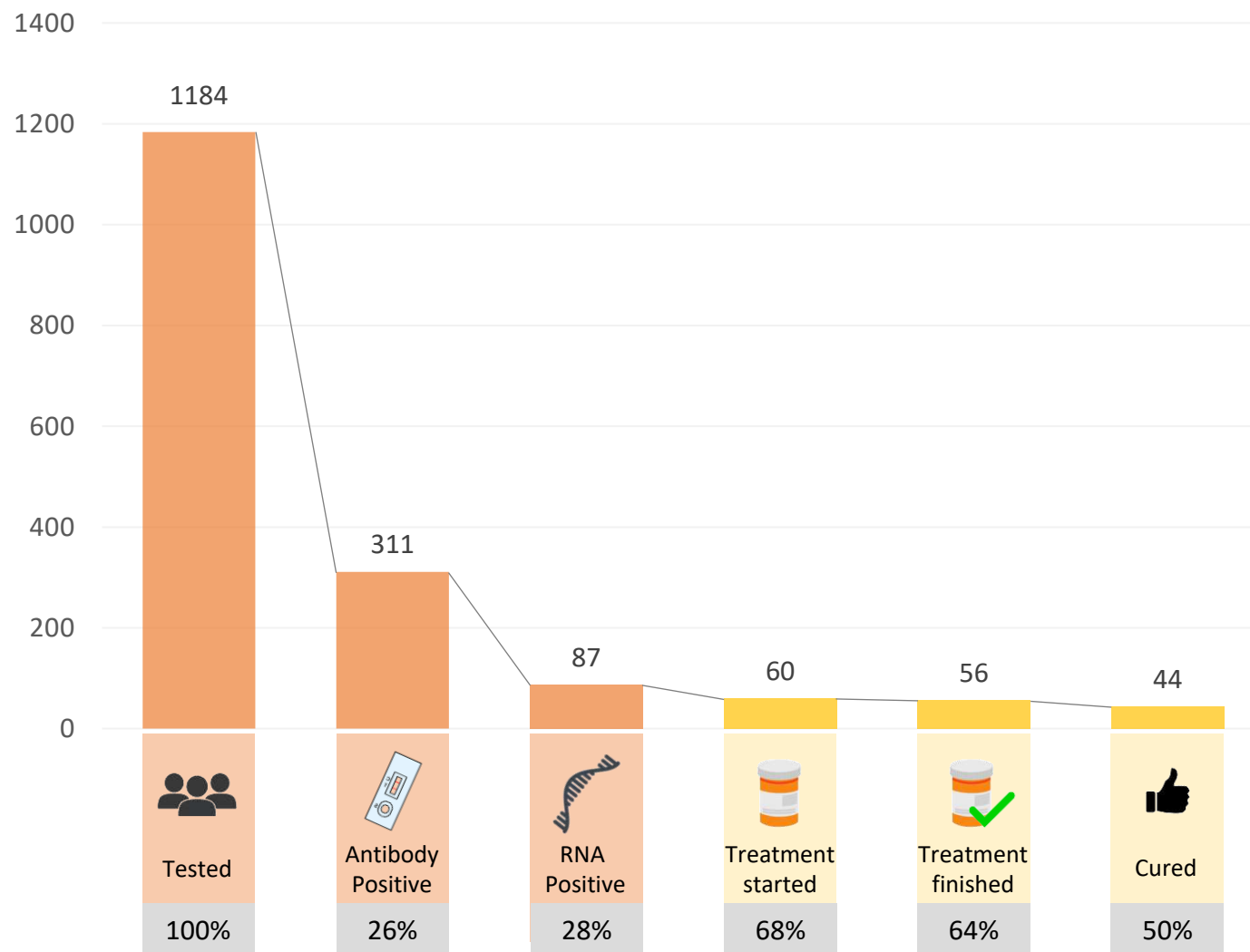
■ Spain   ■ Other

### SCREENING PLACE



■ Drug centers  
■ Centers for people experiencing homelessness

# HCV Cascade of Care - Drug Services



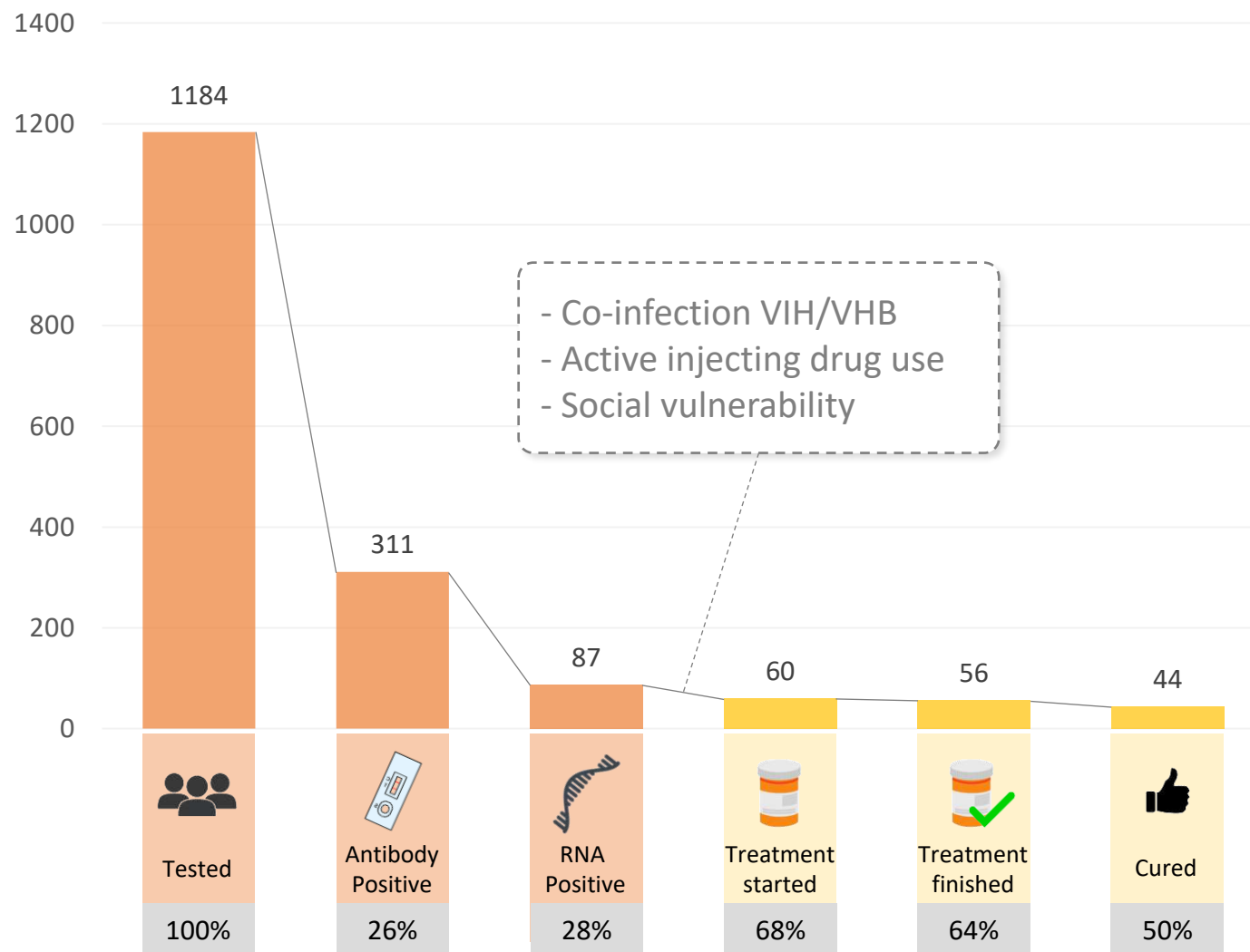
**7%**  
HCV RNA prevalence

**86%**  
Aware of infection

**93%**  
Finished treatment once started

**18%**  
Advanced liver disease

# HCV Cascade of Care - Drug Services



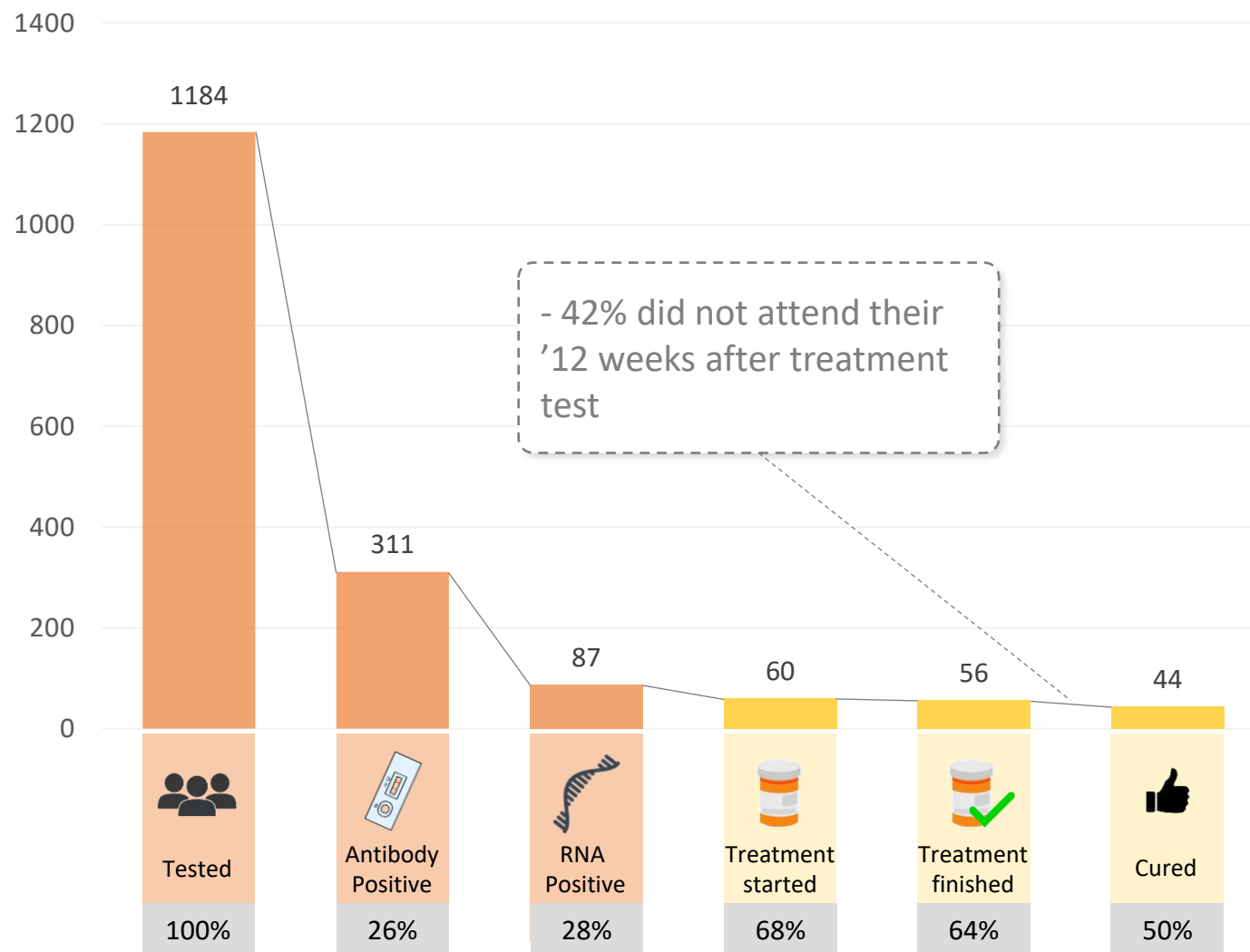
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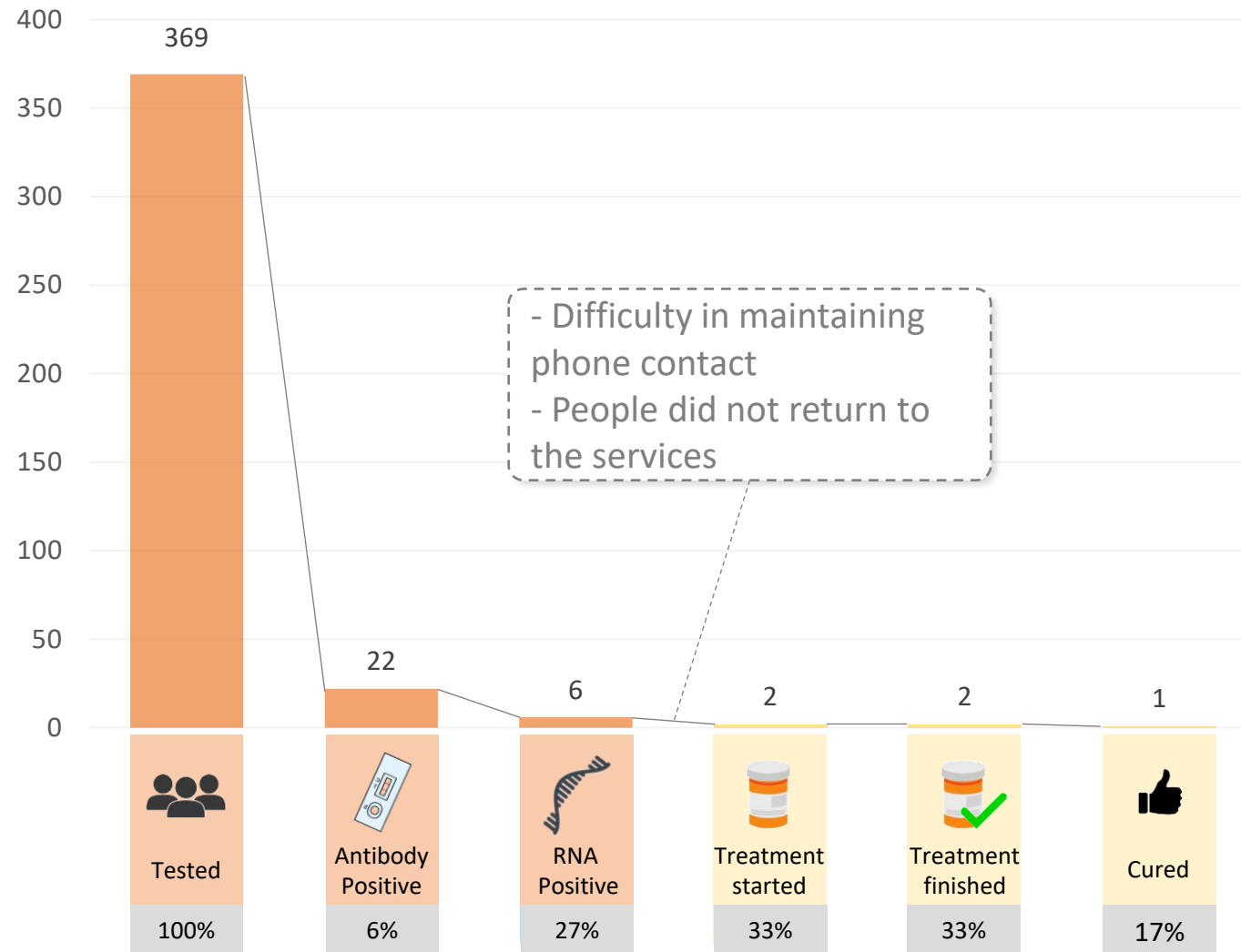
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# HCV Cascade of Care - Services for people experiencing homelessness



**1.6%**

HCV RNA prevalence

**2.7%**

HBV reactive rapid tests,  
people from endemic  
regions for these viruses

**1**

New HIV diagnosis

# Conclusion

## ➤ **Processes simplification**

To achieve HCV elimination as public health threat, it is important to increase and simplify screening, reduce the number of visits required to start treatment and adapt circuits to meet key needs.

## ➤ **Point of care tests**

Allow us to diagnose people where they are and reach those in extreme vulnerability.

## ➤ **Improved public policies for better engagement**

People with active use of injection drugs, experiencing homelessness, and/or have a coinfection are less likely to initiate treatment. Public policies need to be improved to better engage those who are most marginalized.

# Conclusion

## ➤ **Attention to advanced liver disease**

It is necessary to implement strategies to help people with advanced liver disease to stay involved in their care after HCV treatment.

## ➤ **Testing for HIV and Hepatitis B virus opportunistically has been crucial**

Not only for those with an active HCV infection, but also for individuals who originate from regions where these viruses are prevalent and do not access the conventional health care system.

## ➤ **Working together**

Collaborative efforts among primary care, hospitals, and community organizations enhance patient engagement in their healthcare. Volunteers can also play a vital role in ensuring patients attend their hospital visits.

Thank you!

