

T'N'T HepC – the Copenhagen test and treat hepatitis C in a mobile clinic study



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Enhancing the **HCV cascade of care** for people who inject drugs (PWID)

35% prevalence of HCV amongst PWID in Denmark¹

~1.3 million people in Copenhagen

Copenhagen, Denmark



Aim: To engage PWID who are not accessing testing and treatment for HCV through opioid substitution therapy (OST) centres or conventional care

Why is the model needed?²



To **engage** PWID in the community in hepatitis C testing and treatment



Restrictions on treatment reimbursements were removed in November 2018 but prescriptions only made by **hospital-based physicians**

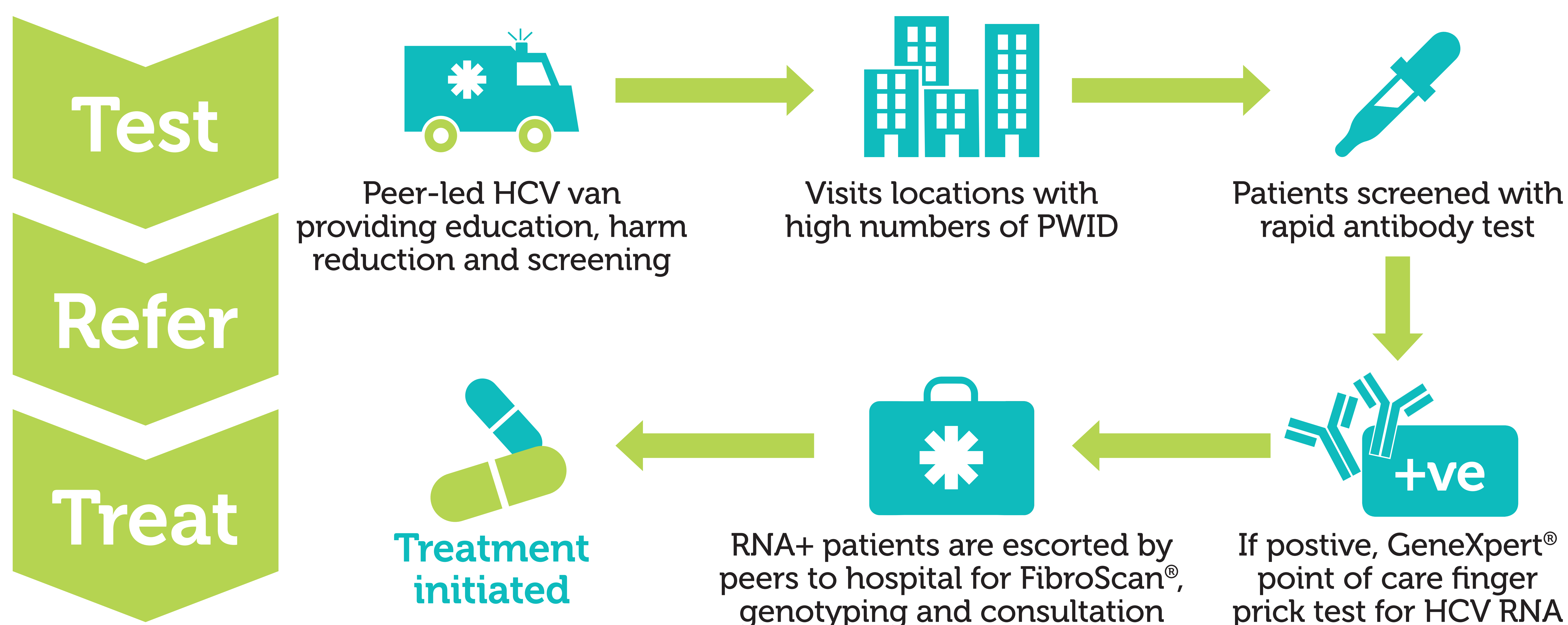


Multiple visits are often required before treatment initiation, resulting in a **decrease in initiating therapy**



Peer support has been shown to be effective in enhancing screening and linkage to care³

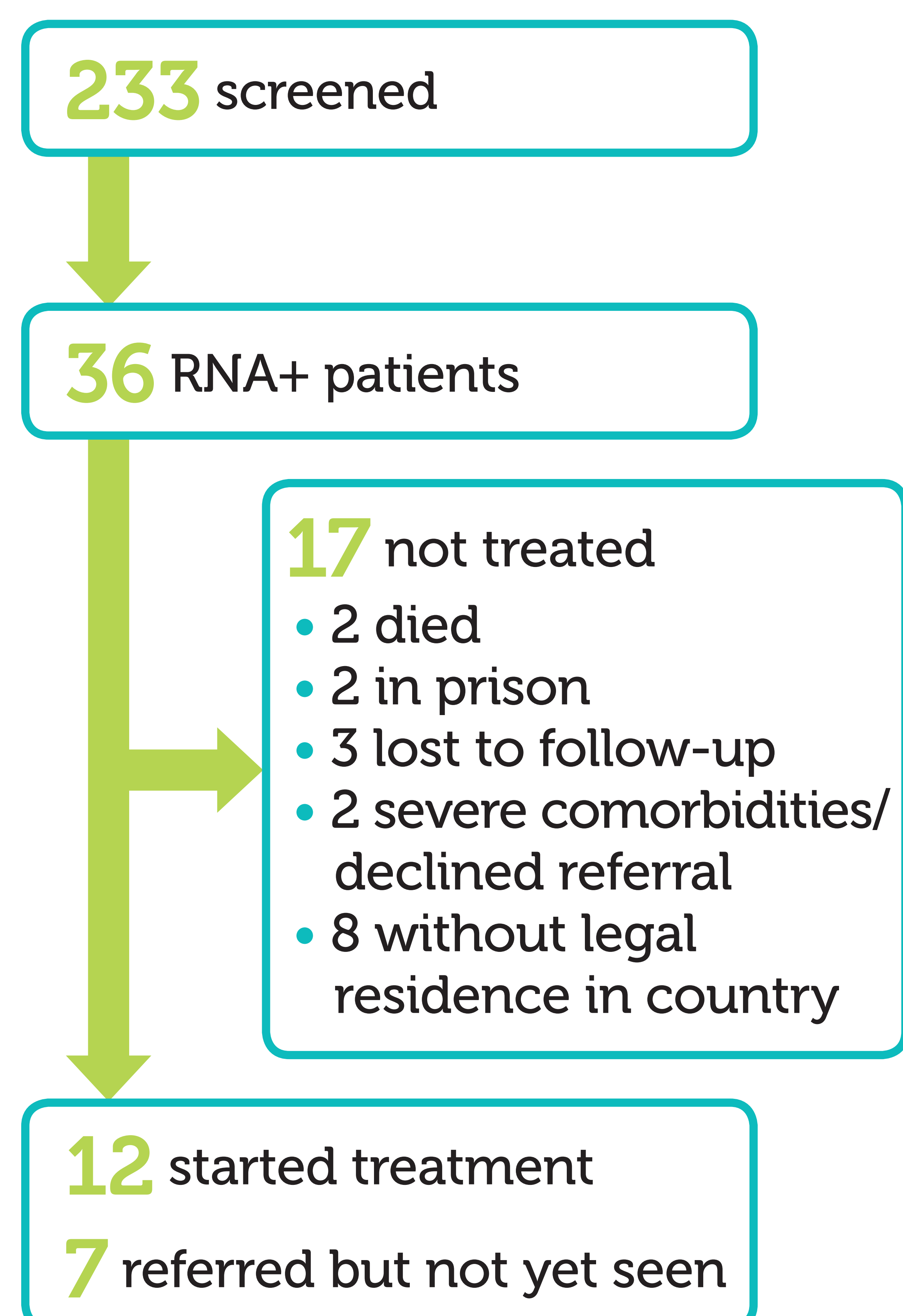
What is the model and how does it work?²



Interventions used to enhance HCV testing, linkage to care and treatment uptake

- Multidisciplinary mobile clinic offering point of care testing, counselling and education for PWID
- Mobile, point of care, rapid HCV antibody and reflex HCV RNA testing
- Peer-led, patient navigation and facilitated referrals (e.g. fast-track hospital clinics) for further HCV evaluation

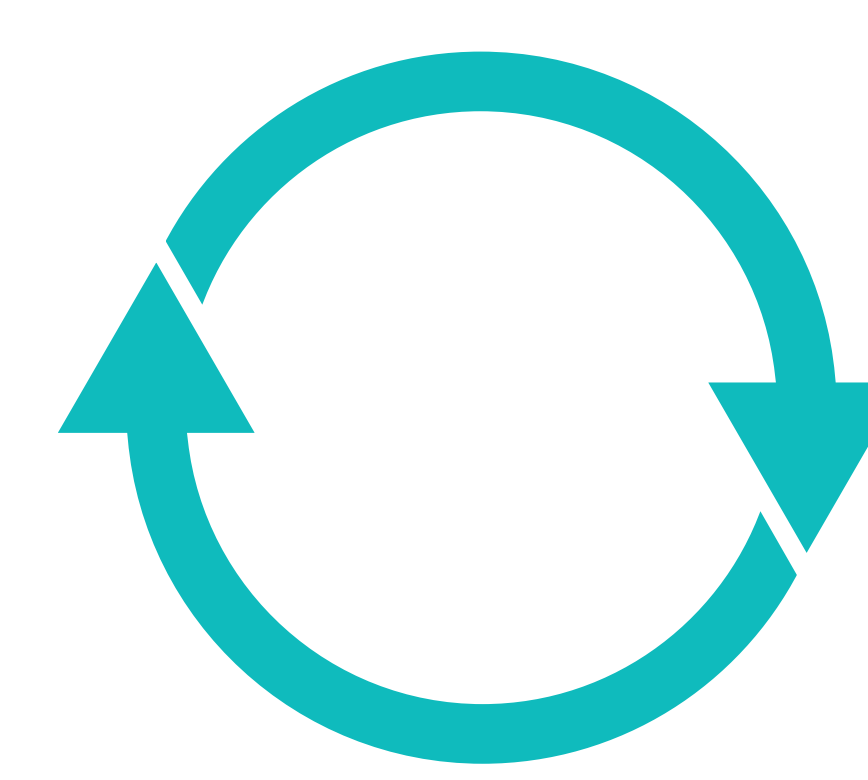
Outcomes²



Lessons learnt:



Peers can **engage PWID on the street** for testing and treatment



Staying in one location for a long period of time is beneficial as many people **take up treatment after multiple visits** and communication is maintained



The largest group unable to access treatment are **migrants without legal residence** in Denmark



Many PWID are **unaware that effective and well-tolerated HCV therapy** is available



Many people think HCV is asymptomatic, harmless and not necessary to treat

Peer-led models of care, such as the hepatitis C van, are effective in initiating treatment in PWID. They bring testing options to the individual and assist referrals to fast-track clinics to deliver individualised treatment to the patient.

1. Øvrehus A, et al. *Addiction* 2019;114:494–503; 2. Øvrehus A, personal communication; 3. Bajis S, et al. *Int J Drug Policy* 2017;47:34–46