

# Estrategias de eliminación del VHC en usuarios de drogas.

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## Conflictos de intereses

- Pablo Ryan *has received research grants from Gilead Sciences and Merck; as well as honoraria for speaking or advisory board participation from Gilead Sciences, AbbVie and ViiV.*

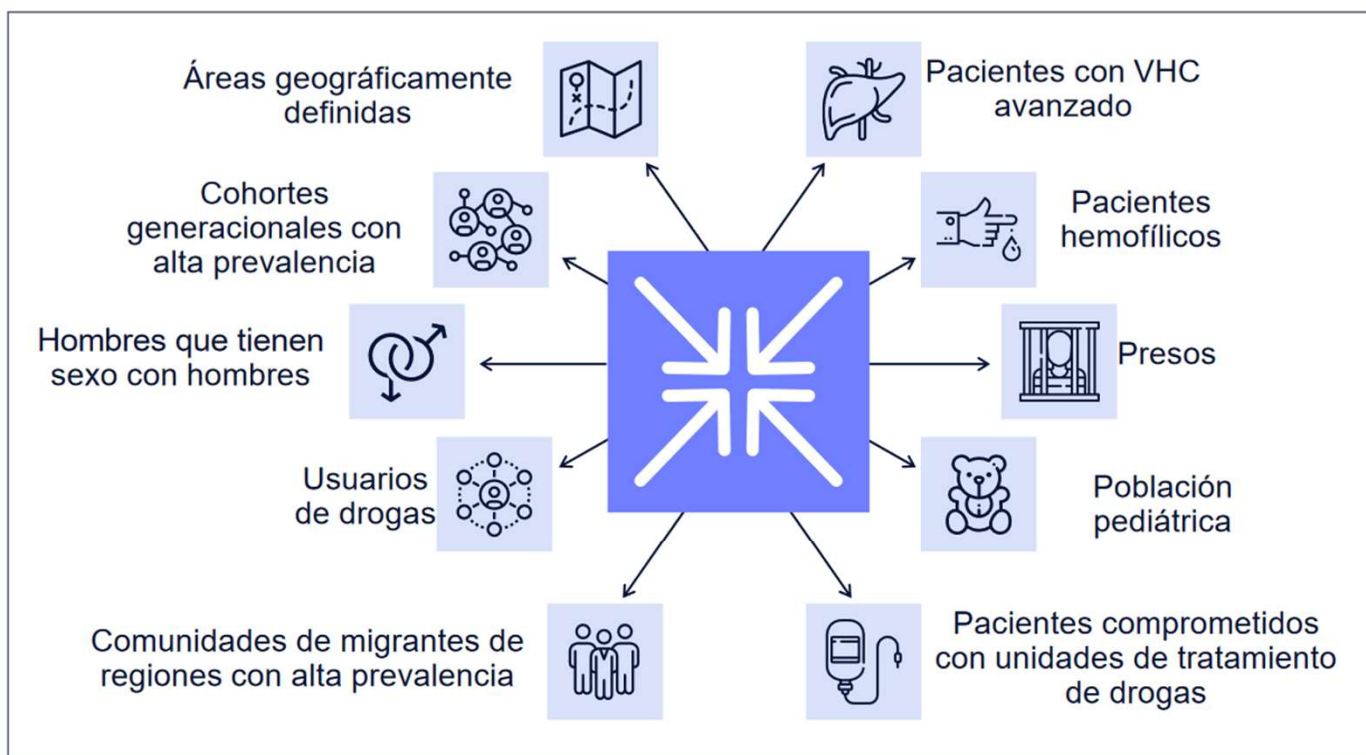
## OMS: Eliminación del VHC para 2030

<h1>VIRAL HEPATITIS</h1> <p><b>National Strategic Plan A Roadmap to Elimination</b> for the United States   2021–2025</p> 	 <h3>World Health Organization</h3> <h4>Targets for 2030</h4> <p>To achieve their goal, the WHO set ambitious targets for 2030 that applied to everyone at risk of viral hepatitis infection: children, adolescents, and adults; rich and poor; women and men; and all populations affected and at risk.</p> <ul style="list-style-type: none"><li><b>Incidence:</b> Reduce new cases of chronic HCV by <b>80%</b></li><li><b>Mortality:</b> Reduce deaths due to viral hepatitis by <b>65%</b></li><li><b>Diagnosis:</b> Identify <b>90%</b> of all HCV infections</li><li><b>Treatment:</b> Treat <b>80%</b> of eligible persons with HCV infection</li></ul>
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## Micro-elimination – A path to global elimination of hepatitis C

Jeffrey V. Lazarus<sup>1,2,\*</sup>, Stefan Wiktor<sup>3</sup>, Massimo Colombo<sup>4</sup>, Mark Thursz<sup>5</sup>,  
on behalf of the EASL International Liver Foundation

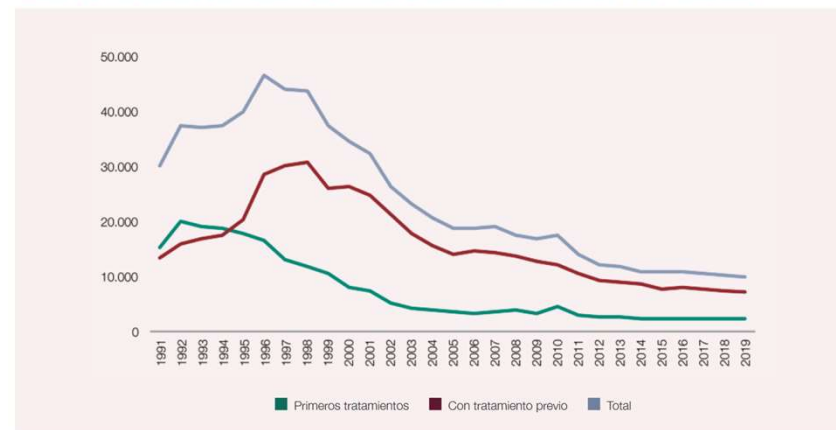
<sup>1</sup>Barcelona Institute for Global Health (ISGlobal), Hospital Clinic, University of Barcelona, Barcelona, Spain; <sup>2</sup>CHIP, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark; <sup>3</sup>Department of Global Health, University of Washington, USA; <sup>4</sup>Clinical and Research Center Humanitas, Rozzano, Italy; <sup>5</sup>Division of Digestive Diseases, St Mary's Hospital, Imperial College London, London, UK



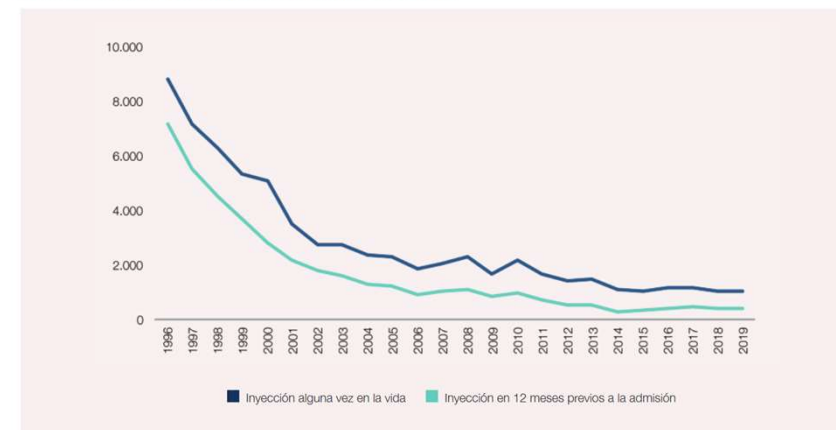
Características de los admitidos a tratamiento por abuso o dependencia de sustancias psicoactivas, según la droga principal que motiva el tratamiento. España, 2019.

	Alcohol	CLH Cocaína	Cannabis	Heroína	Cocaína base	Hipnosedantes	Estimulantes*	Otros opioides	Metadona
Total	27.209	19.627	14.202	9.904	2.710	992	1.086	805	461
Tratamiento previo									
Sí	42,9	40,9	24,2	75,1	48,7	25,3	35,6	41,7	48,7
No	57,1	59,1	75,8	24,9	51,3	74,7	64,4	58,3	51,3
Sexo									
Hombre	75,8	85,5	79,6	86,0	83,3	59,0	81,1	71,2	80,5
Mujer	24,2	14,5	20,4	14,0	16,7	41,0	18,9	28,8	19,5
Edad calculada									
	46,6	36,7	26,9	43,2	37,9	42,5	35,5	45,5	46,0
Extranjero/español									
Español	85,4	90,8	85,7	87,6	87,1	87,4	80,2	87,5	91,0
Extranjero	14,6	9,2	14,3	12,4	12,9	12,6	19,8	12,5	9,0

Número de admisiones a tratamiento por abuso o dependencia de heroína. España, 1991-2019.



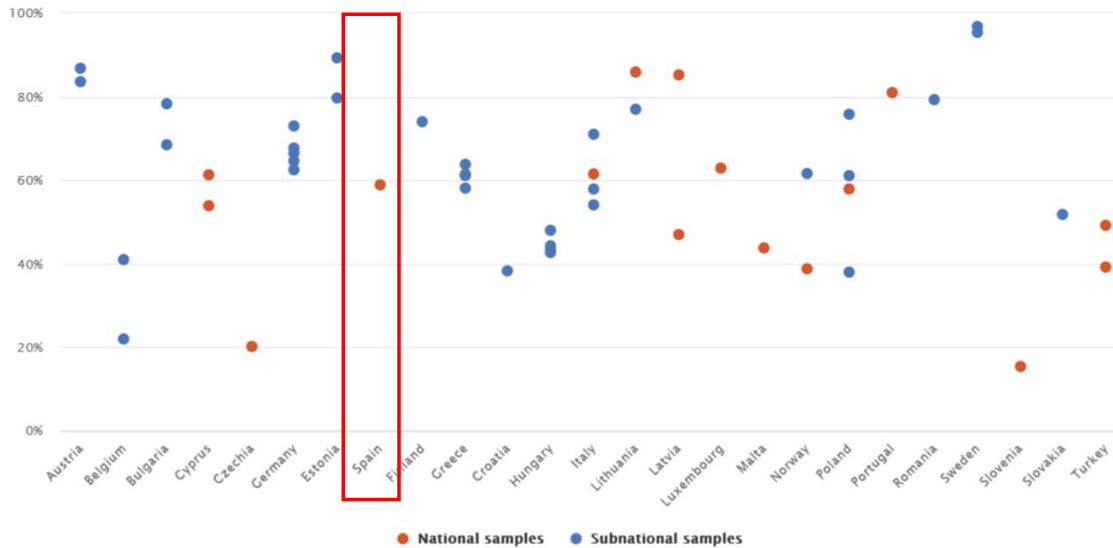
Número\* de inyectores admitidos a tratamiento por abuso o dependencia de sustancias psicoactivas (admitidos a tratamiento por primera vez). España, 1996-2019.



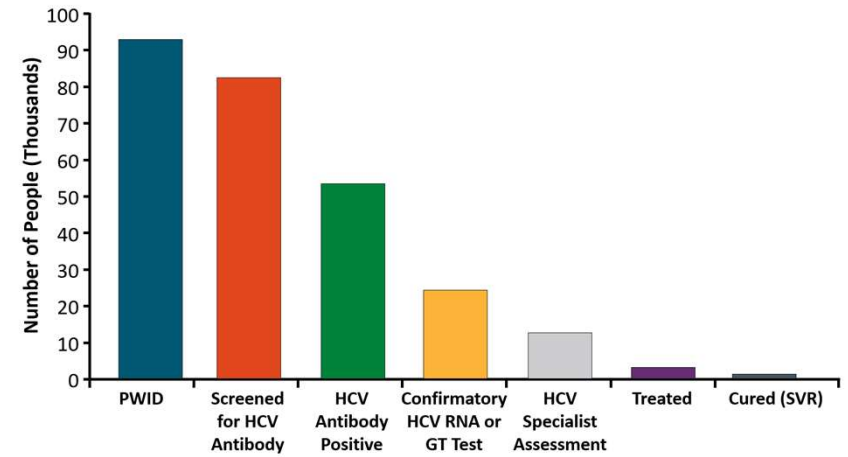
FUENTE: Elaborado por el Observatorio Español de las Drogas y las Adicciones (OEDA) a partir de datos del Plan Nacional sobre Drogas.

58.9%

Figure 2. Prevalence of HCV antibodies among people who inject drugs, by country, 2019 or latest available data



## Cascada de Hepatitis C en UDVP



Grebelly. Nat Rev Gastroenterol Hepatol. 2017;14:641. Iversen. Int J Drug Policy. 2017;47:77.

Elimination barometer on viral hepatitis among people who inject drugs in Europe, <https://www.emcdda.europa.eu>

### Drug-related infectious diseases: health and social responses

MINIGUIDE

*Health and social responses  
to drug problems:  
a European guide 2021*

emcdda.europa.eu



### Respuestas sanitarias y sociales a los problemas de las drogas:

- Ofrece una visión general de los aspectos más importantes que hay que tener en cuenta a la hora de planificar o dar respuestas sanitarias y sociales a las enfermedades infecciosas relacionadas con las drogas, y revisa la disponibilidad y eficacia de las respuestas.
- También considera las implicaciones para la política y la práctica.

Buenas practicas para control de EI en UDVP

1

- Tratamiento de la drogodependencia

2

- Equipos de inyección

3

- Tratamiento de enfermedades infecciosas

4

- Cribado

5

- Vacunación

6

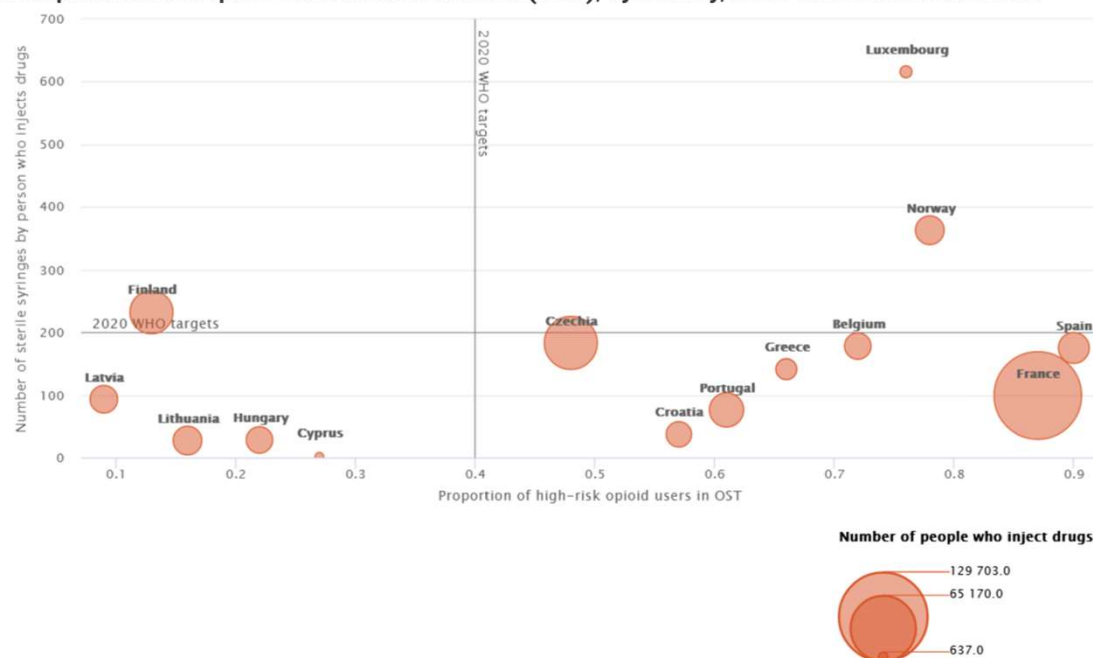
- Promoción de la Salud



**Table 6. Number of sterile syringes distributed per person who injects drugs and proportion of high-risk opioid users in opioid substitution treatment (OST), by country, 2019 or latest available data (source data for Figure 6)**

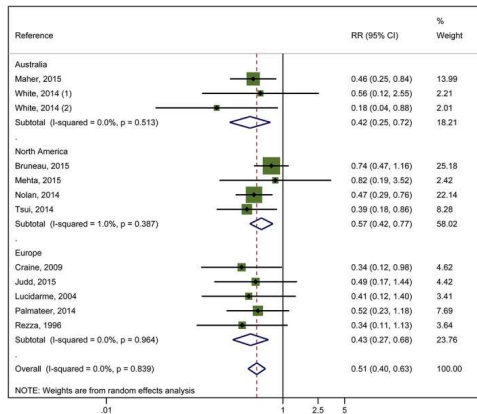
Country	People who inject drugs, year of estimate	Number people who inject drugs	High-risk opioid use, year of estimate	Number high-risk opioid users	Total number of syringes distributed	Total number of OST clients	Proportion in OST	Syringes per person who injects drugs
Croatia	2015	6344	2015	8874	234487	5061	0.57	37
Cyprus	2019	637	2019	1022	878	277	0.27	1
Czechia	2019	40800	2019	10500	7459123	5000	0.48	183
Finland	2017	25000	2017	26200	5800000	3329	0.13	232
France	2019	129703	2019	202485	12840577	177100	0.87	99
Greece	2019	3287	2019	14753	464745	9708	0.66	141
Hungary	2015	6707	2010-11	3244	188696	715	0.22	28
Latvia	2016	7715	2017	7100	720494	669	0.09	93
Lithuania	2016	8868	2016	7503	240061	1231	0.16	27
Luxembourg	2018	800	2018	1470	492704	1117	0.76	616
Norway	2018	8269	2013	9015	3.00E+06	7055	0.78	363
Portugal	2015	13162	2018	28287	1004706	17246	0.61	76
Spain	2018	10341	2018	64983	1812069	58447	0.9	175
Belgium	2019	7018	NA	NA	NA	NA	0.72	178

**Figure 6. Number of sterile syringes distributed per person who injects drugs and proportion of high-risk opioid users in opioid substitution treatment (OST), by country, 2019 or latest available data**

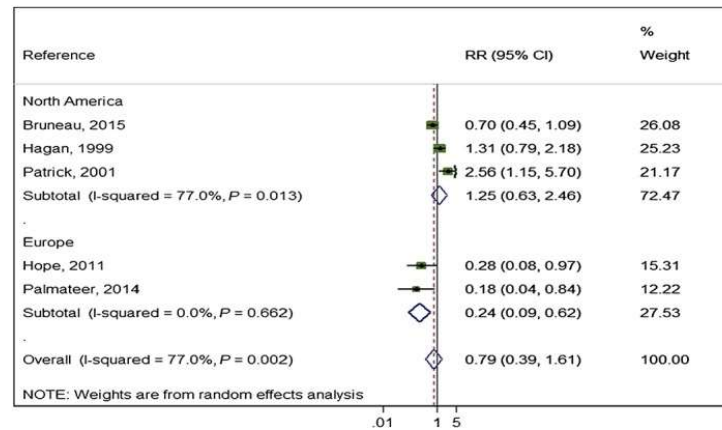


**Related 2020 targets:** number of syringes distributed by person who injects drugs = 200, proportion of high-risk opioid users in opioid substitution treatment = 40 %

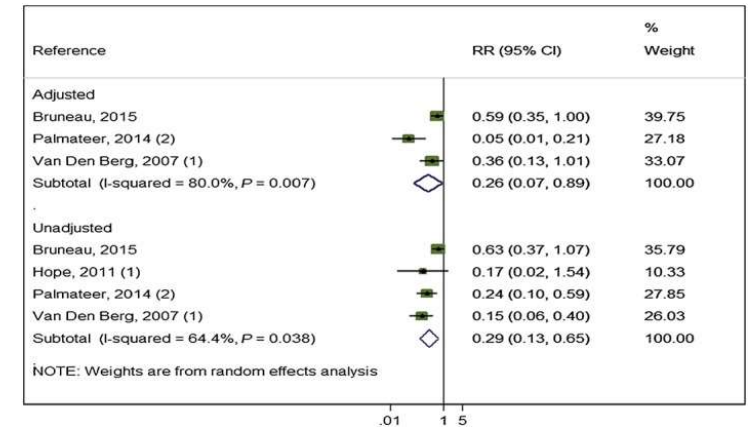
## TSO



## PIJ



## TSO+PIJ



### OAT (Methadone/Buprenorphine)

Country or Region	No. of Studies	RR	95% CI
Australia	3	0.42	0.25-0.72
North America	4	0.57	0.42-0.77
Europe	5	0.43	0.27-0.68
<b>Overall</b>	<b>12</b>	<b>0.51</b>	<b>0.40-0.63</b>

50% reduction in risk

### OAT + High Coverage SSP

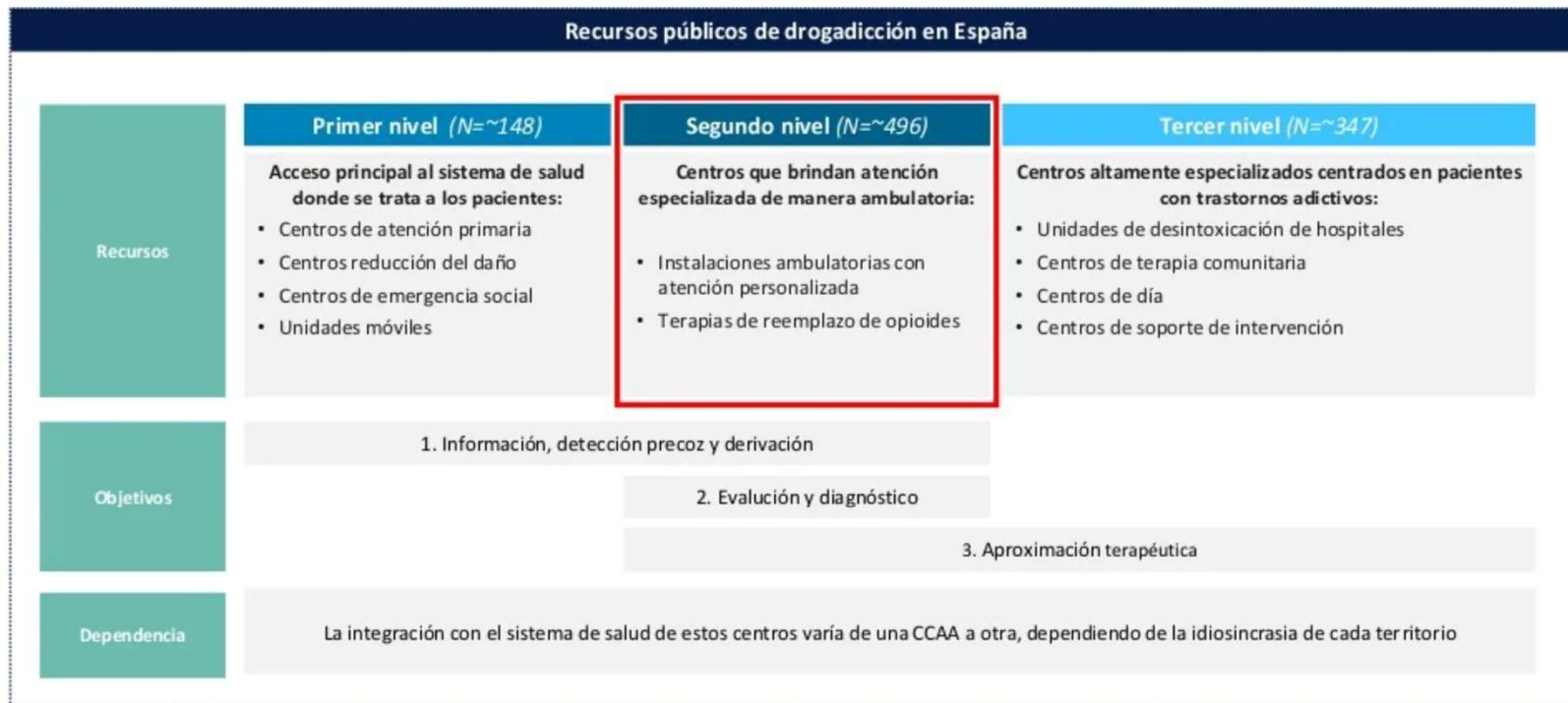
Study	Unadjusted RR	95% CI
Bruneau 2015	0.63	0.37-1.07
Hope 2011	0.17	0.02-1.54
Palmateer 2014	0.24	0.10-0.59
Van Den Berg 2007	0.15	0.06-0.40
<b>Overall</b>	<b>0.29</b>	<b>0.13-0.65</b>

71% reduction in risk

## Suministro de tratamiento con agonistas opiáceos

Representa el principal enfoque para el tratamiento de la dependencia de los opiáceos

### Centros de drogodependencia (CADs)



## Sala de consumo seguro



Statement	Evidence	
	Effect	Quality
<b>Opioid agonist treatment</b> prevents HCV (primary infection and reinfection), HIV and injecting risk behaviour among people who inject drugs.	<b>Beneficial</b>	High
<b>Sterile needle and syringe provision</b> is effective for the prevention of HCV, HIV and injecting risk behaviour among people who inject drugs.	<b>Beneficial</b>	Moderate
<b>The combination of opioid agonist treatment and needle and syringe provision</b> prevents HCV infections and injecting risk behaviour among people who inject drugs.  While there are still not enough studies to assess the effect on HIV, considering the positive effect on HCV, experts assume the same positive effect on HIV infections.	<b>Beneficial</b>	Moderate
<b>Antiviral treatment</b> against HIV, HBV and HCV among people using drugs is effective.  Opioid agonist treatment improves adherence to the treatment regimen, therefore it should not be considered as a barrier to antiviral treatment access.	<b>Beneficial</b>	Moderate
There is insufficient evidence to assess the impact of <b>drug consumption rooms</b> on HCV and HIV infections.	<b>Unclear</b>	Very low
There is insufficient evidence to assess the impact of <b>infectious diseases testing</b> on HCV and HIV infections.	<b>Unclear</b>	Very low
There is insufficient evidence to support the use of <b>naltrexone</b> to prevent HCV, HIV, and injecting risk behaviour.	<b>Unclear</b>	Very low

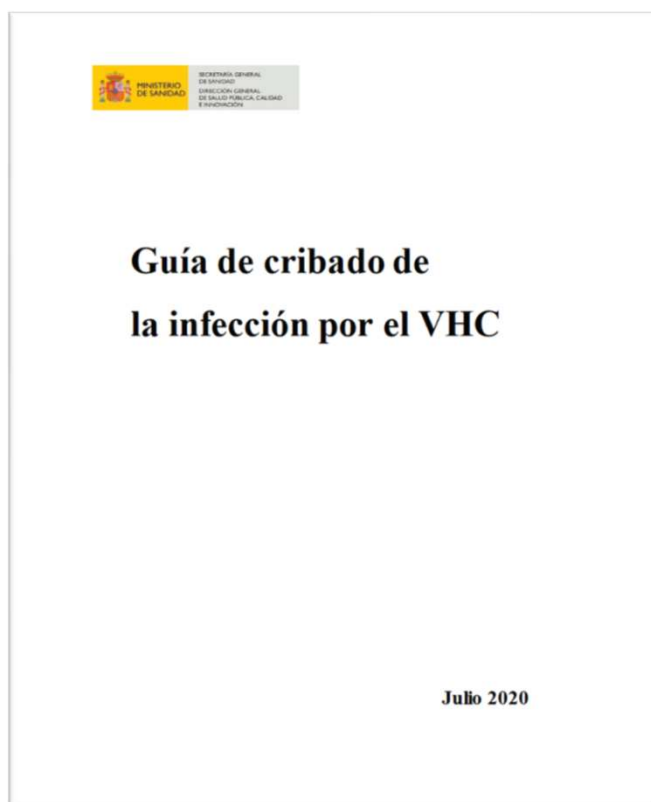


Tabla 1. Exposiciones y situaciones de riesgo para la infección por el VHC en las que está indicado el cribado del VHC
<b>Exposiciones de riesgo para la infección por el VHC</b>
Consumo de drogas por vía inyectada y/o inhalada
Relación sexual de riesgo <sup>a</sup>
Pareja sexual con infección activa por el VHC o con consumo activo de drogas inyectadas
Co-infección por el VIH y/o VHB
Tatuajes y/o procedimientos estéticos y similares realizados con instrumental punzante sin las debidas precauciones de seguridad
Exposición laboral al VHC <sup>b</sup>
Ingreso en unidades de hemodiálisis crónica
Intervenciones sanitarias invasivas realizadas en lugares sin las medidas de seguridad adecuadas, como intervenciones quirúrgicas con material no esterilizado antes de 1975 o la recepción de productos sanguíneos o hemoderivados antes de 1990
Recién nacidos/as de madres con infección por el VHC
<b>Situaciones de riesgo para la infección por el VHC</b>
Ingreso en centros penitenciarios
Procedencia de países con prevalencia de infección por el VHC media o alta <sup>c</sup>

## CRIBADO DE LA HEPATITIS C

cribado basado en factores de riesgo



búsqueda de pacientes diagnosticados



micro-eliminación en poblaciones vulnerables



la edad como factor de riesgo



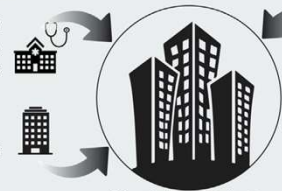
cribado pacientes > 40 años

## SIMPLIFICACIÓN DEL DIAGNÓSTICO Y TRATAMIENTO

**programas educativos**  
promoción del cribado + prevención + información

### diagnóstico integrado centralizado

ambulatorios  
centros de atención primaria  
consultorios urbanos  
  
pequeños laboratorios



laboratorios centralizados

### diagnóstico descentralizado

pruebas de diagnóstico rápido en puntos de atención al paciente  
  
unidades móviles  
prisiones  
centros penitenciarios  
centros de adicciones  
centros de reducción de daños  
albergues  
centros de atención primaria  
consultorios rurales

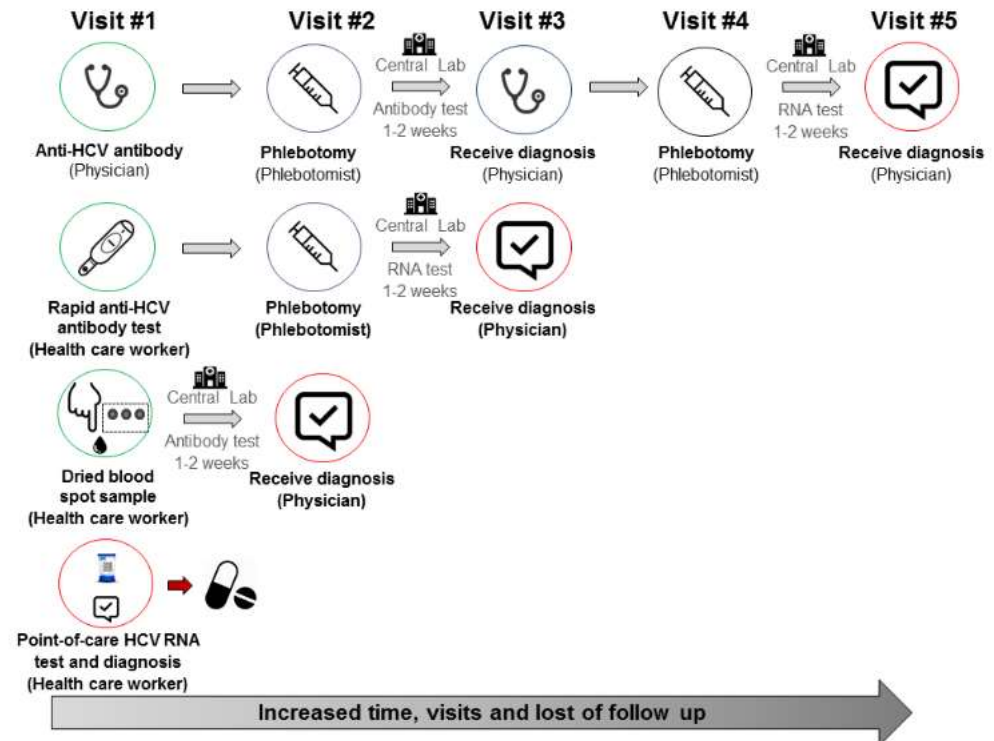
## diagnóstico integrado descentralizado

Historia Clínica Electrónica  
Sistema de Alertas Tempranas

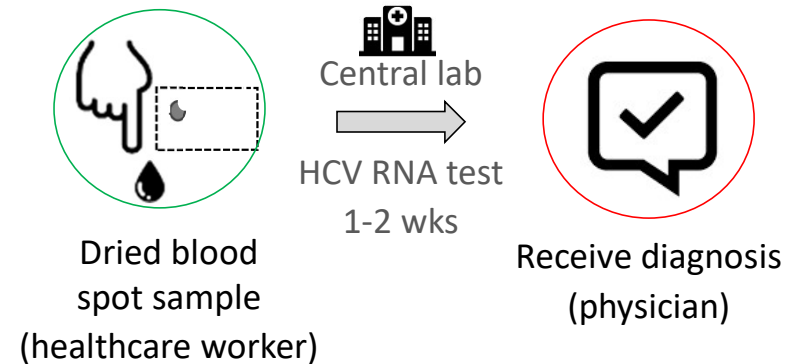
**cascada de atención**  
diagnóstico en un paso único  
evaluación de la enfermedad en un sólo paso  
prescripción del tratamiento



Hospital



# Dried Blood Spot Testing



Advantages	Disadvantages
1) Enhances HCV testing and linkage to care	1) Still requires centralized testing
2) Avoids need for phlebotomy	2) Requires second visit to get result
3) Enables reflex virologic testing	3) Sometimes requires multiple pricks
4) Stable, easy to transport and store	4) May yield a lower HCV RNA titer
5) Can be used for other purposes (eg, HIV)	
6) Collection by peers or community workers	





## RNA Onsite

- Developed in collaboration with FIND (*Foundation for New Innovative Diagnostics*)

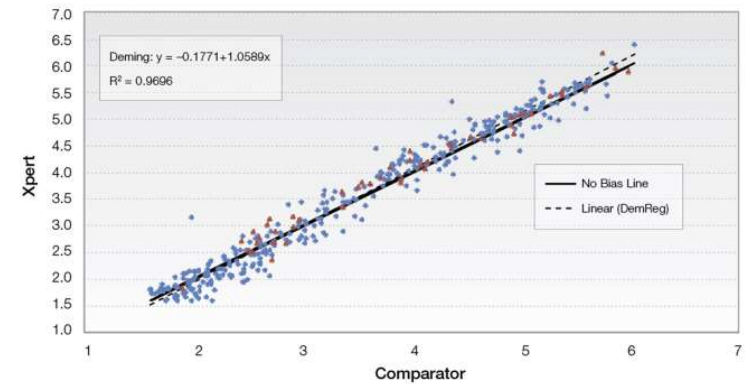


### Advantages

- Less invasive
- No sample preparation
- Minimal expertise
- Quick result
- Easy collection
- Direct loading



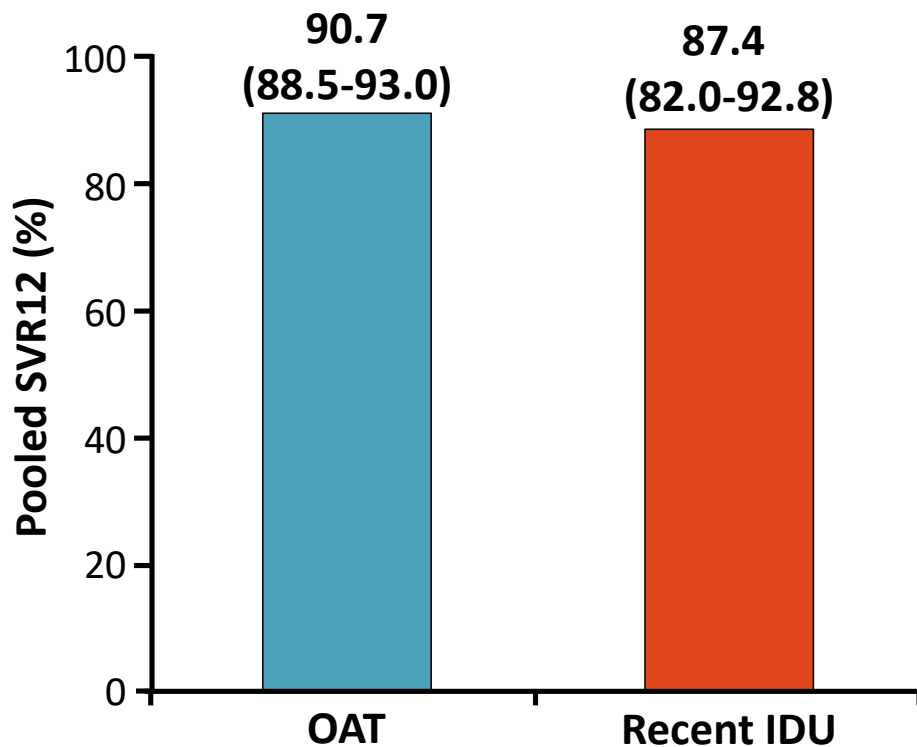
XPRT VS. COMPARATOR METHOD (LOG C/ML)



## Tratamiento en Usuarios de drogas

- Tratamientos eficaces, seguros y bien tolerados.
- Tratamientos cortos (8-12sem). PanG. PanF.
- Evidencia en OST en USD y otros subgrupos (PSH, Salud metal).
- QD y Permisivos con la mala adherencia.

# La terapia DAA contra el VHC es eficaz entre las UDVP, incluso en el "mundo real"



## UDVP reciente

Study	SVR, % (95% CI)
Bielen 2017	83.3 (60.8-94.2)
Boglione 2017	93.9 (89.1-96.6)
Boscaillou 2017	80.4 (73.0-86.2)
Conway 2017	96.7 (88.8-99.1)
Grebely 2018	94.2 (87.9-97.3)
Mazhnaya 2017	64.0 (44.5-79.8)
Milne 2017	87.4 (80.2-92.2)
Valencia 2017	74.4 (59.8-85.1)
<b>Overall</b>	<b>87.4 (82.0-92.8)</b>

- En la meta-regresión, los ensayos clínicos se asociaron significativamente con tasas más altas de RVS frente a los estudios observacionales
- aOR: 2,18 (IC del 95%: 1,27-3,75; P = 0,006)
- La diferencia se debe a la pérdida de seguimiento, no al fracaso virológico

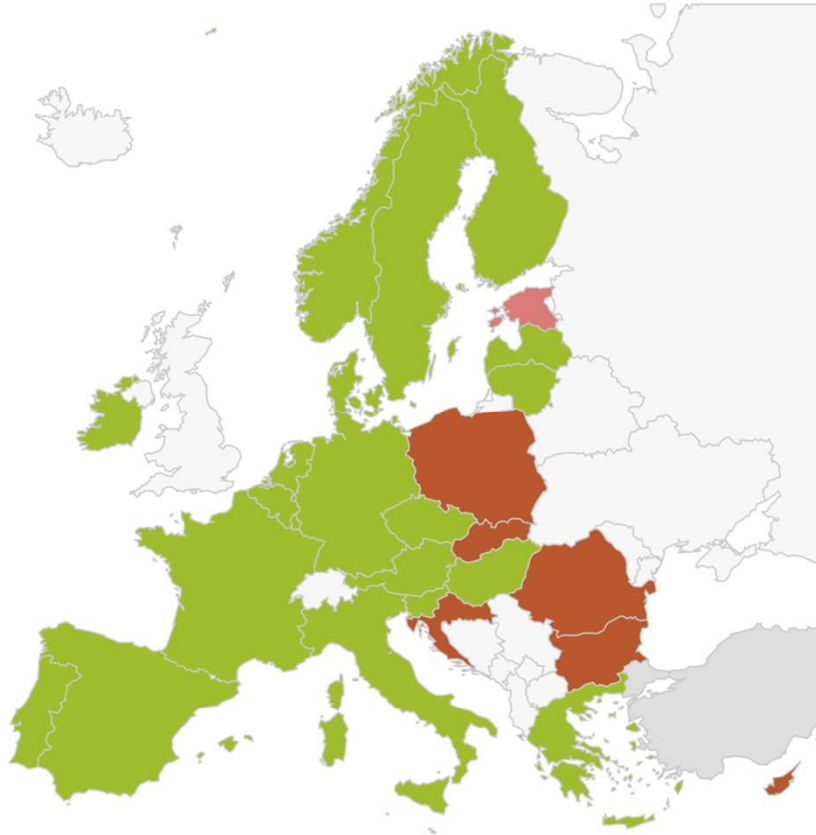
## Tasas de reinfección del VHC tras la RVS entre las UDVP

**3.81/100 PY**  
**(95% CI: 2.51-5.80)**

- En TSO (metadona/buprenorfina)
- Meta-análisis de 25 estudios

**5.86/100 PY**  
**(95% CI: 3.96-8.66)**

- UDVP reciente
- Meta-analysis de 28 estudios



● Clinical and financial restrictions     ● Clinical restrictions  
● No data     ● No restriction

## Restricciones según CCAA

El VIH no diferencia entre los que tienen derecho a asistencia sanitaria y los que no lo tienen.

La CAM si lo hace....



RD 07/2018 y el grave problema de salud Publica en Madrid  
@UCribado

Coordinación con organizaciones



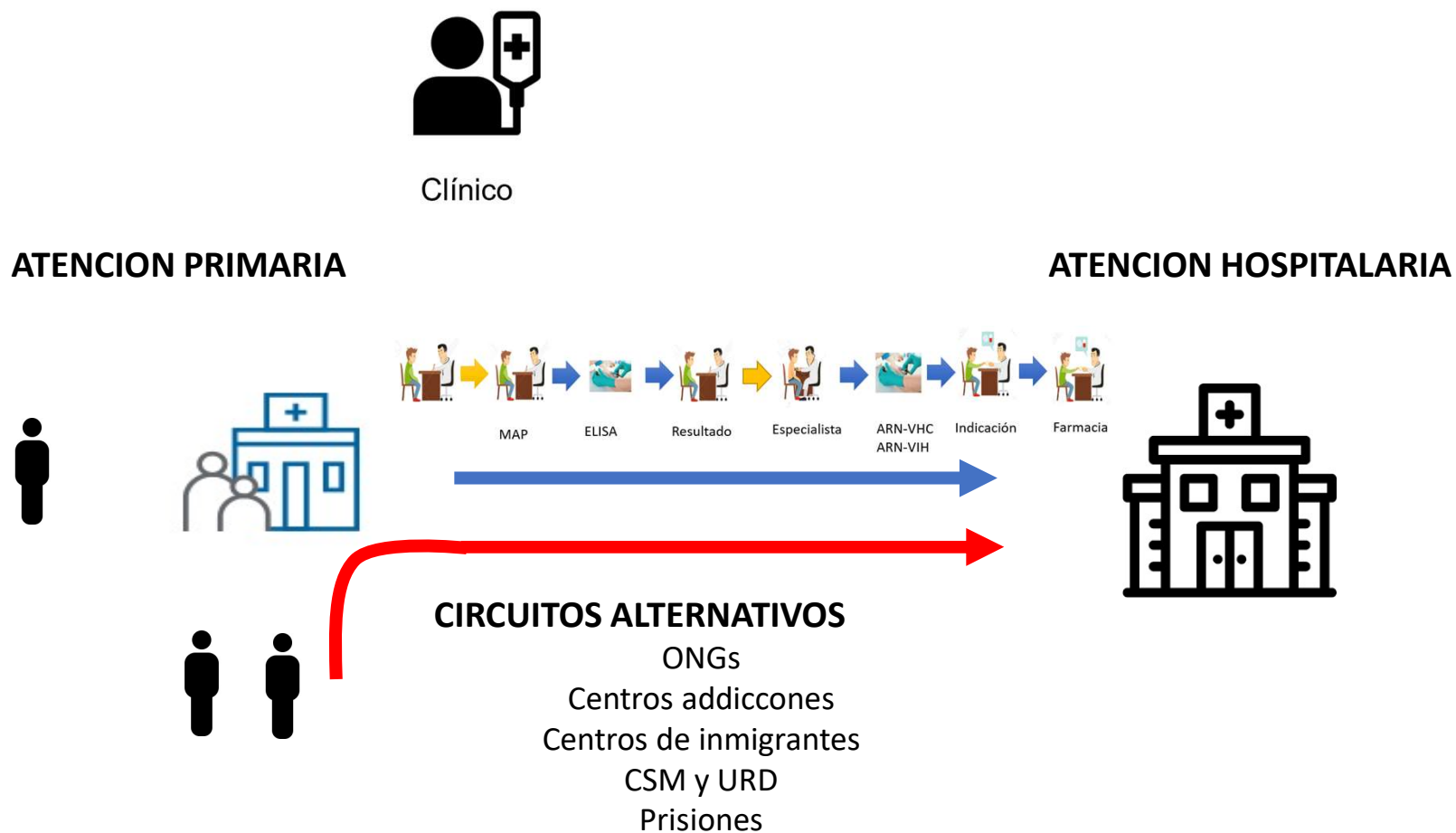
Los modelos de atención deben adaptarse a las circunstancias y necesidades de la población objetivo



# XVI CURSO EN AVANCES EN INFECCIÓN VIH Y HEPATITIS VIRALES



## Circuitos Tradicionales vs Alternativos: Cambio de enfoque





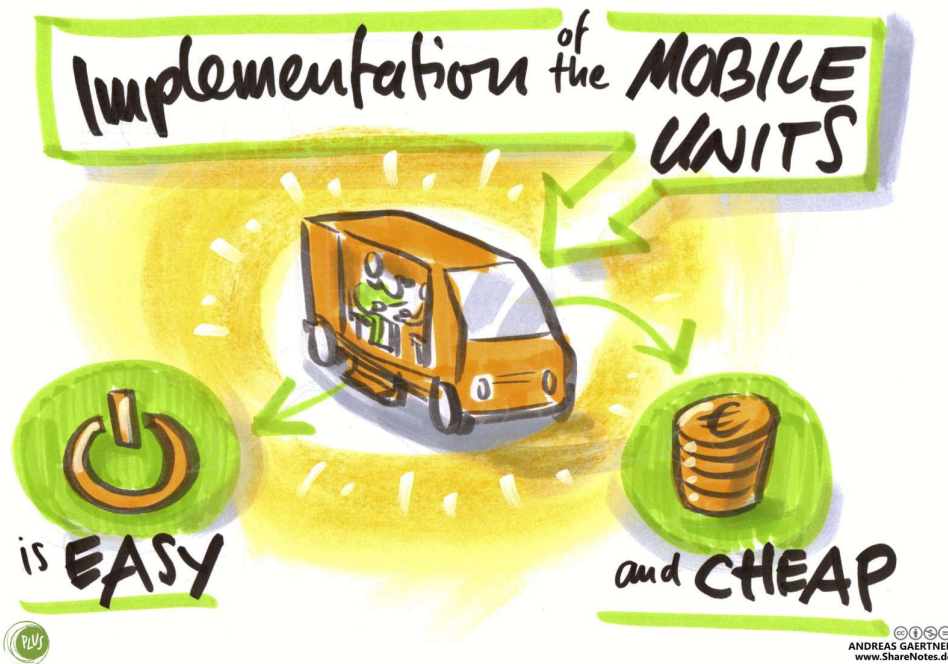
## Tratamiento Integrado

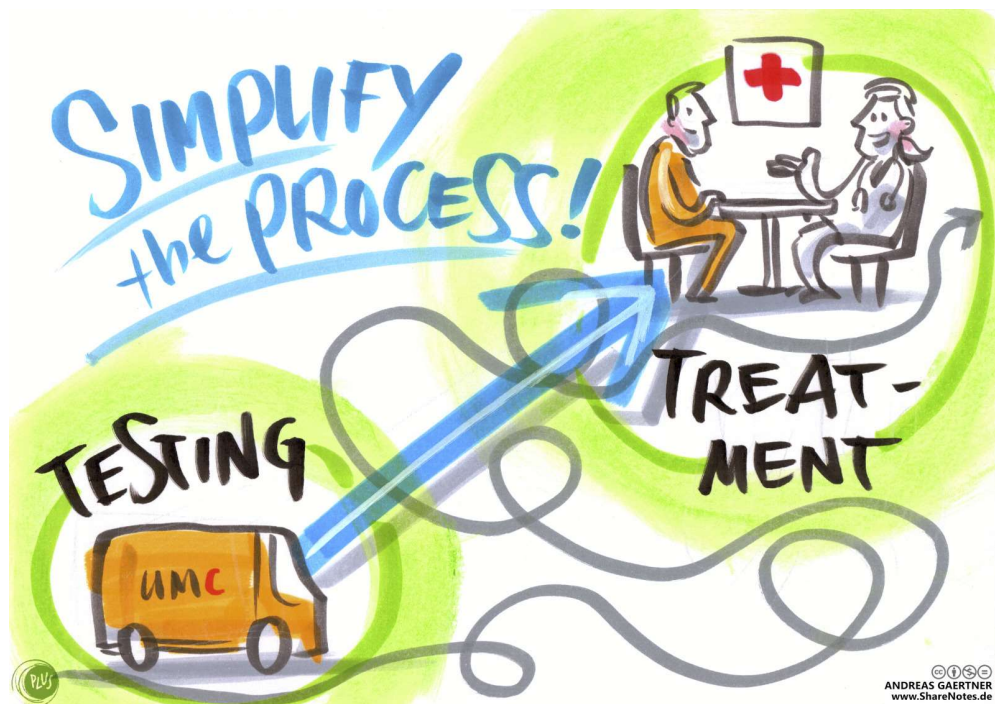
- Preferencia de usuarios
- Simplifica y adapta
- Evita derivaciones
- Múltiples componentes
- Coordinación
- Atención continuada

¿Dónde le gustaría que le hicieran la prueba y le trataran?



## Unidades Móviles en España





- Acceder al cribado y al tratamiento
- **Nuevos modelos de atención.**
- **Métodos innovadores y creativos**
- Utilización de pares y TS.
- Modelos de atención compartida.  
Vinculo/Puente entre  
Especialista/Enfermería y paciente.



movil.es

¡HAZTE LA PRUEBA!

¡HAZTE LA PRUEBA!

HACEMOS LA PRUEBA EN EL CROVA

Hepatitis C

¿cómo curar  
¿cómo evitar?

GILEAD abbvie  
HEPAC  
Ideas for Health

Informational materials on a table



**Low-threshold approach** offering HCV screening to populations with limited access to healthcare



**Collaboration with local HCV/HIV clinics** across Madrid



**Agreements** with public institutes, NGOs, mental health and addiction centres, harm reduction units and social services



**Multidisciplinary team** with two doctors, one nurse, one social worker and two peer navigators/educators



**Universal and effective DAA treatment available**, including for re-infections



**Flexible model** with interventions guided by results



Mobile unit is deployed to local 'hot spots' of at-risk and/or under served populations



Rapid HCV screening tests are offered to all clients



All positive tests are confirmed with PCR using Xpert® HCV Viral Load Fingerstick assay in the mobile unit



A dried blood spot sample is collected for future analyses

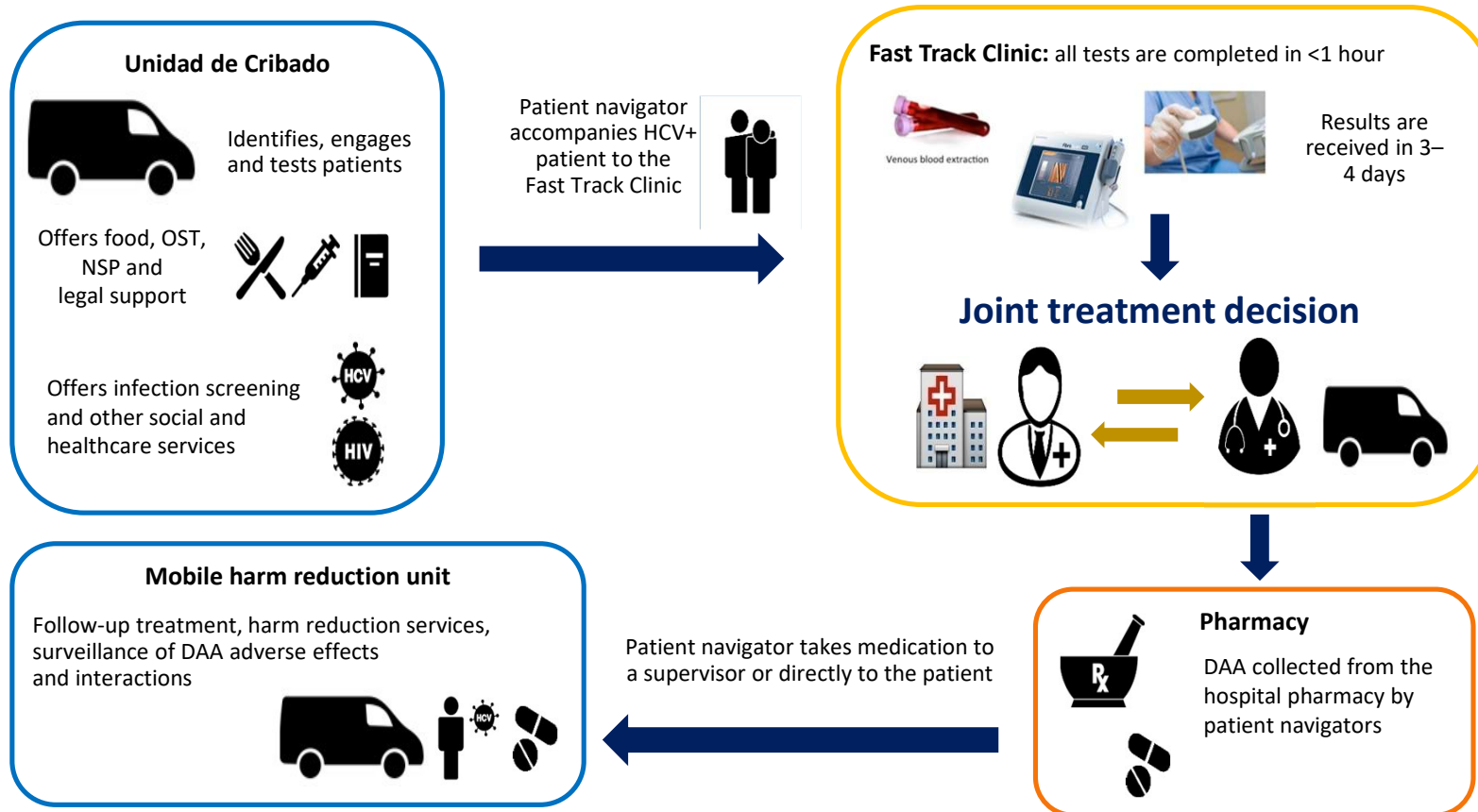


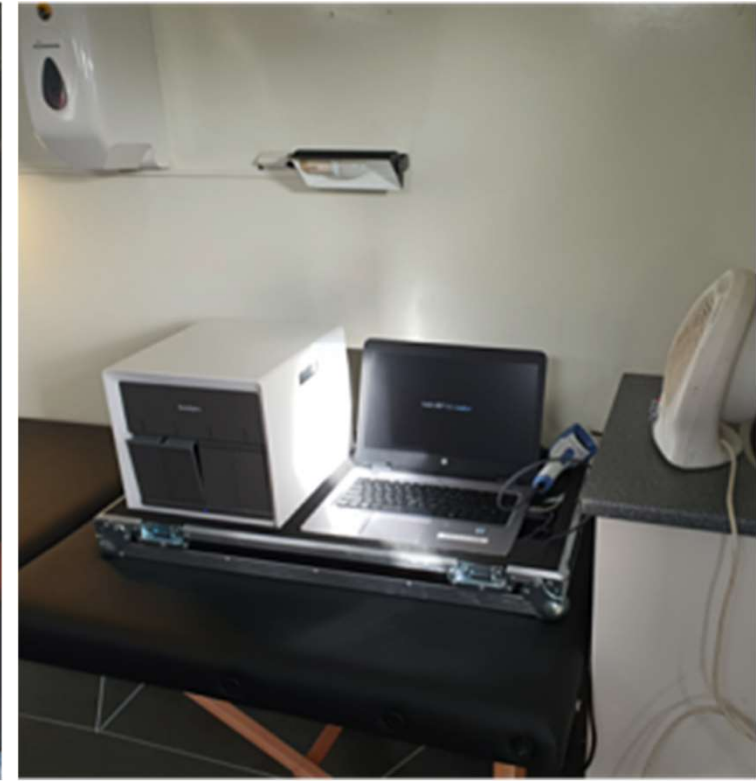
All patients with positive HCV PCR tests are referred to a hospital on the same day



Peer navigators/educators accompany patients to appointments and monitor treatment adherence

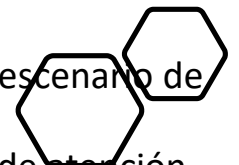
## Recorrido de una persona vulnerable





## T'n'T, Copenhagen Dinamarca

- A partir de abril de 2019.
- Estacionado detrás de la estación principal de trenes de Copenhagen, el escenario de drogas abierto más grande de Dinamarca.
- Dirigido por Brugernes Akademi, Dinamarca, con enfermeras en el lugar de atención.
- Máquina de GeneXpert® en la camioneta.
- Vinculación con la atención en el hospital: los medicamentos se pueden llevar a la camioneta.



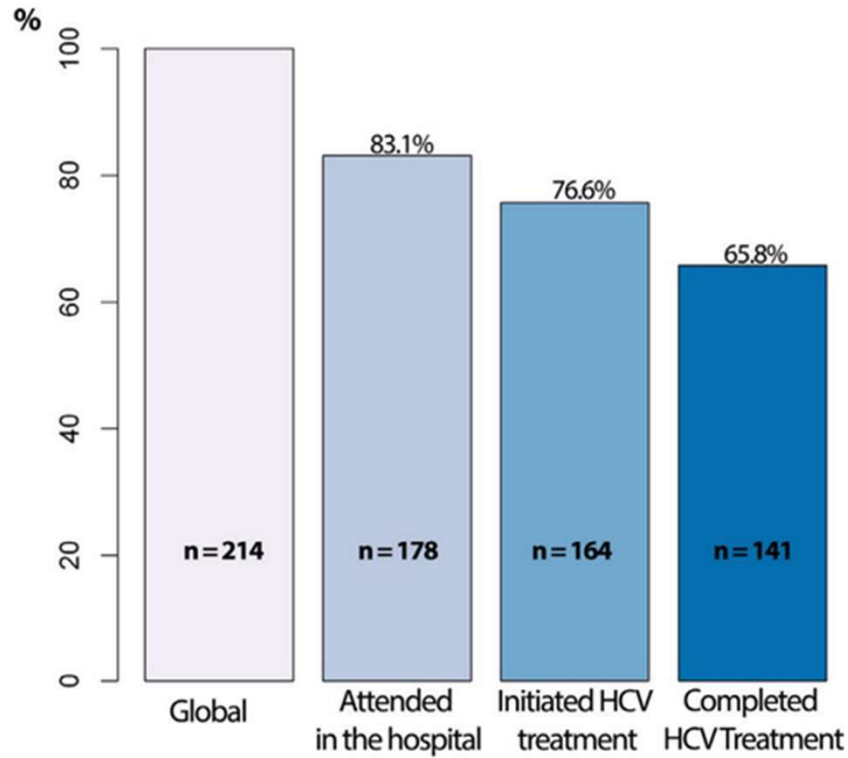
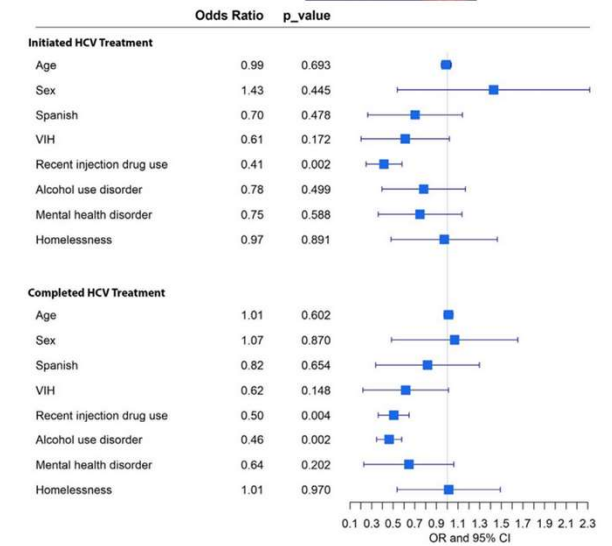


TABLE 3 Characteristics of HCV treatment

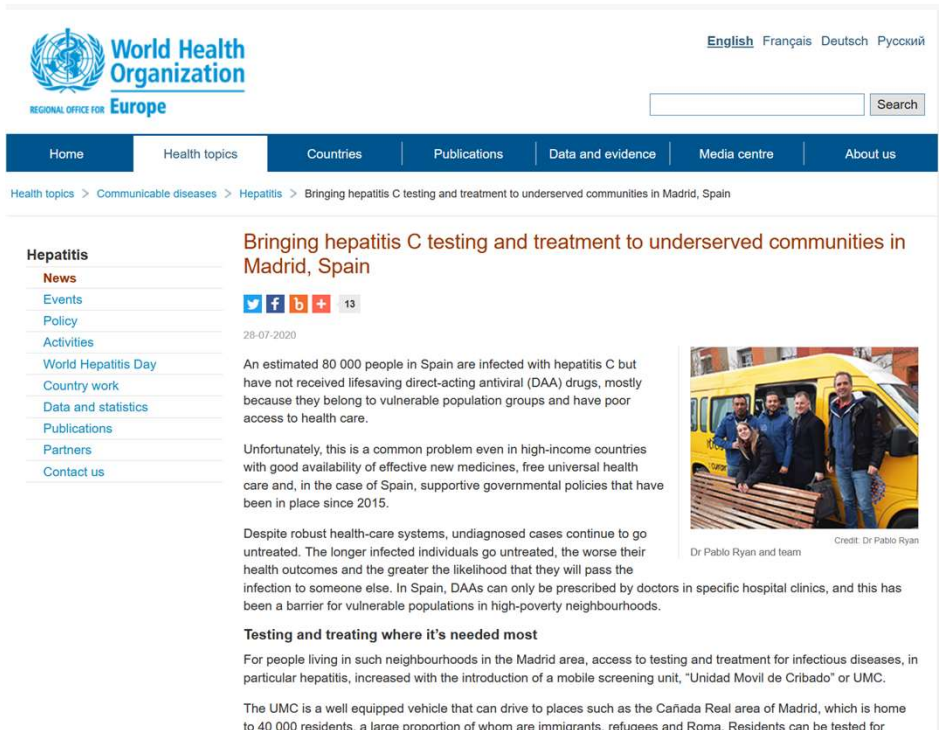
	HCV treatment
<b>Treatment regimens</b>	
Glecaprevir/pibrentasvir	78/164
Sofosbuvir/velpatasvir	81/164
Sofosbuvir/velpatasvir/voxilaprevir	4/164
Elbasvir/gazoprevir	1/164
<b>Reasons for not initiating HCV treatment</b>	
Medical indication	2/50
Patient refusal	17/50
Death	9/50
Loss to follow-up	19/50
Spontaneous clearance	3/50

Abbreviation: HCV, hepatitis C virus.



	HR	2.5%	97.5%	P-value
<b>Cox hazard model</b>				
Age	1.001	0.980	1.023	.9323
Sex	1.185	0.788	1.782	.4159
Spanish	0.944	0.601	1.482	.8012
HIV	0.654	0.447	0.956	.0286
Recent injection drug use	0.694	0.480	1.004	.0627
Alcohol use disorder	0.644	0.461	0.899	.0098
Mental health disorder	0.845	0.591	1.206	.3530
Homelessness	0.930	0.658	1.316	.6833





**Bringing hepatitis C testing and treatment to underserved communities in Madrid, Spain**

28-07-2020

An estimated 80 000 people in Spain are infected with hepatitis C but have not received lifesaving direct-acting antiviral (DAA) drugs, mostly because they belong to vulnerable population groups and have poor access to health care.

Unfortunately, this is a common problem even in high-income countries with good availability of effective new medicines, free universal health care and, in the case of Spain, supportive governmental policies that have been in place since 2015.

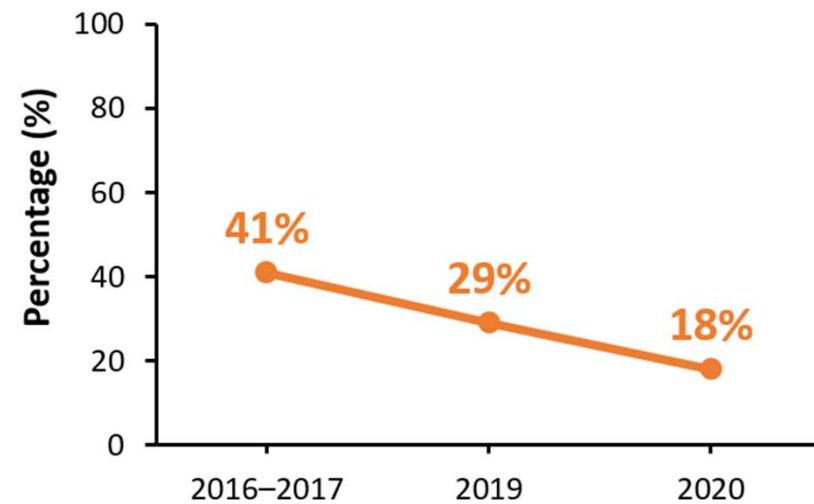
Despite robust health-care systems, undiagnosed cases continue to go untreated. The longer infected individuals go untreated, the worse their health outcomes and the greater the likelihood that they will pass the infection to someone else. In Spain, DAAs can only be prescribed by doctors in specific hospital clinics, and this has been a barrier for vulnerable populations in high-poverty neighbourhoods.

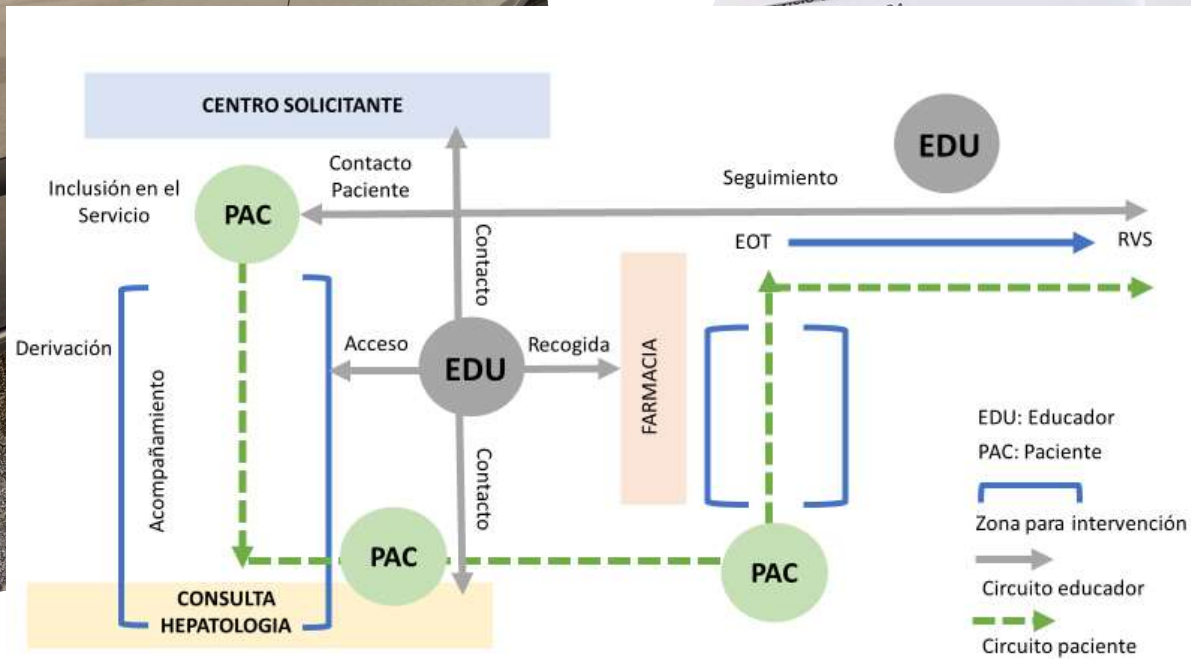
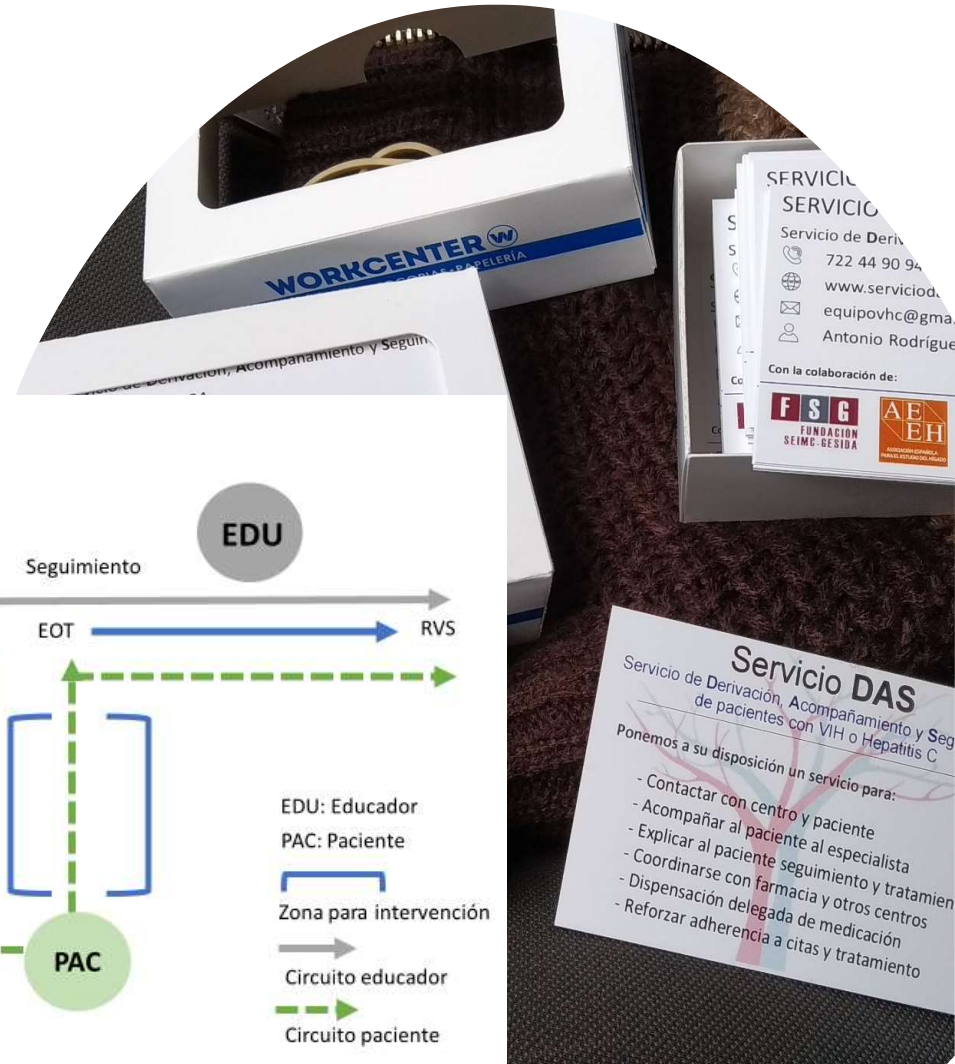
**Testing and treating where it's needed most**

For people living in such neighbourhoods in the Madrid area, access to testing and treatment for infectious diseases, in particular hepatitis, increased with the introduction of a mobile screening unit, "Unidad Movil de Cribado" or UMC.

The UMC is a well equipped vehicle that can drive to places such as the Cañada Real area of Madrid, which is home to 40 000 residents, a large proportion of whom are immigrants, refugees and Roma. Residents can be tested for

## Prevalence of active HCV infection among people with active IDU



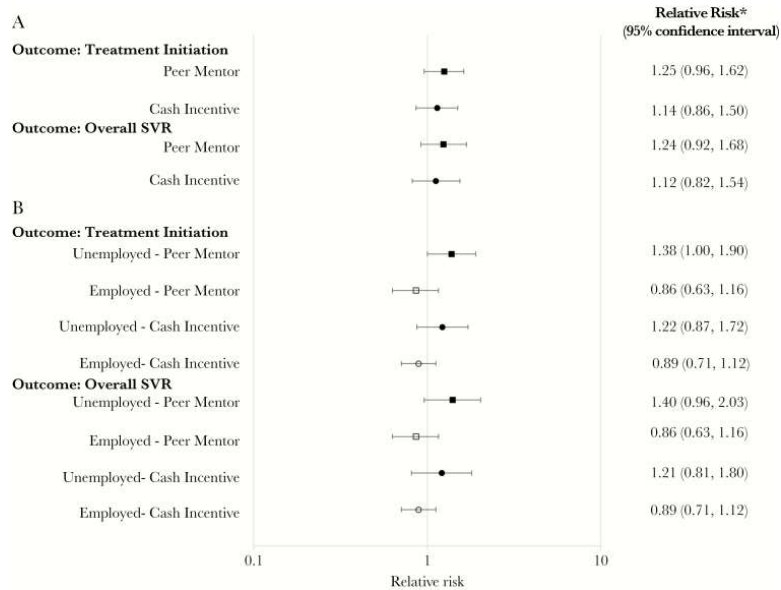


## Acceso al sistema sanitario: Acompañantes

- Perfil determinado → “Peer” o pares.
- Puente entre paciente y equipo S. Intermediario.
- Explicar al paciente Seguimiento y tratamiento.
- Acompañar al paciente
- Evaluación Social / Personal
- Identificación / Superar BARRERAS
- Individualizado y cercano

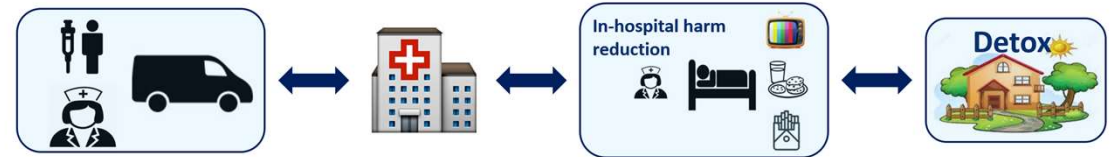


## Incentivos y El estudio CHAMPS



UC+Peers (83%, 45 of 54)  
 UC+Cash (76%, 41 of 54)  
 UC (67%, 24 of 36)

## Oportunidad en el Hospital



## Campaña de vacunación contra el COVID-19 para consumidores de drogas: necesidad de un acceso equitativo y adaptado



### Combined COVID-19 vaccination and hepatitis C virus and HIV screening intervention for high-risk populations at a mobile testing unit in Madrid, Spain

ISGlobal Barcelona Institute for Global Health

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#### INTRODUCTION

The COVID-19 pandemic has hindered efforts to address hepatitis C virus (HCV) and HIV by reducing testing, particularly in marginalised groups, who have some of the highest rates of HCV and HIV and lowest rates of COVID-19 vaccination.

#### AIM

This study aimed to explore the acceptability of combining HCV/HIV point-of-care testing (PoCT) with COVID-19 vaccination in a mobile testing unit (MTU) in Madrid, Spain.

#### METHOD

- From 9/28/2021 to 10/26/2021, 101 individuals from high-risk populations (e.g., homeless people, those with substance use and/or mental disorders, sex workers, refugees, undocumented migrants) were invited to get the COVID-19 vaccine at the MTU.
- If HCV antibody (Ab) positive, they were offered HCV-RNA PoCT.
- HCV-RNA and HIV-positive patients not on antiretroviral therapy (ART) were offered linkage to care.

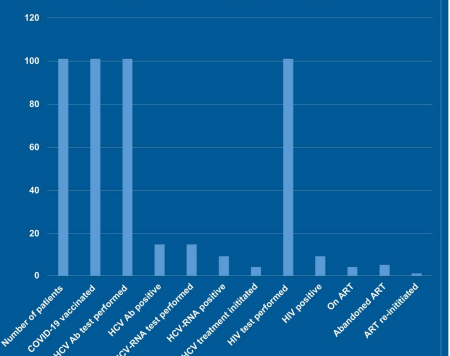
#### RESULTS

- All 101 participants accepted the combined intervention of which 69.3% were male, 30.7% of Spanish origin, most reported a precarious living situation or being homeless (59.4%) and being unemployed (70.3%), and 28.7% an incarceration history.
- The mean age was 35.6 (SD: 11.9).
- Of everyone, 11.9% reported a previous COVID-19 diagnosis, none had been vaccinated for COVID-19 and all received the Janssen vaccine without any identified adverse events (Figure).
- Everybody was tested for HCV Ab and HIV and 14.9% (n=15) and 8.9% (n=9) were positive, respectively.
- Of those HCV Ab positive, all were tested for HCV-RNA and 60.0% (n=9) were positive, of which most (55.6%, n=5) reported that the most likely route of transmission was injecting drug use, 44.4% (n=4) were probable reinfection cases and 33.3% (n=3) were HIV co-infected.
- Of those HIV positive, none were new diagnoses and most (55.6%, n=5) had abandoned ART.
- To date, 44.4% (n=4) have started treatment for HCV and 1 person (20.0%) has re-started ART.
- The duration between positive HIV diagnosis and ART re-initiation for the latter was 25 days.
- The average duration between positive HCV-RNA diagnosis and treatment initiation was 36 days (minimum: 22; maximum: 47) and of the MTU intervention was 20 minutes (minimum: 7; maximum: 60).

#### CONCLUSIONS

Combining HCV/HIV PoCT with COVID-19 vaccination in high-risk individuals at the MTU was effective, with an acceptability rate of 100%, and safe since no adverse events were reported. The process was also efficient, maximising the use of time that participants would have spent waiting for HCV/HIV test results or post-vaccine administration and linking those in need to care in about 1 month, to date. This intervention can serve as an example of a novel model of care to increase HCV/HIV screening and linkage to care as well as COVID-19 vaccination in high-risk populations.

Figure. Analysis of the combined COVID-19 vaccination and HCV and HIV screening intervention at the mobile testing unit in Madrid



Abbreviations: Ab, antibody; ART, antiretroviral therapy; HCV, hepatitis C virus.

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# XVI CURSO EN AVANCES EN INFECCIÓN VIH Y HEPATITIS VIRALES

## HCV Education and Training in Primary Care and Drug and Alcohol Settings



### Online Modules

Epidemiology; Testing; Treatment; Monitoring.



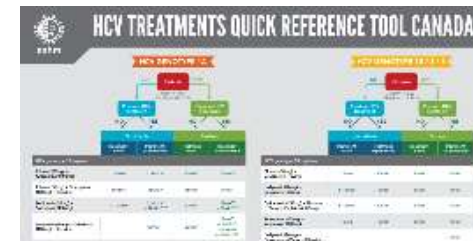
### Workshop

Interactive cases  
Facilitated by local experts



### Tailored Toolkit

Practical resources  
for your local area



### Current Countries of Implementation

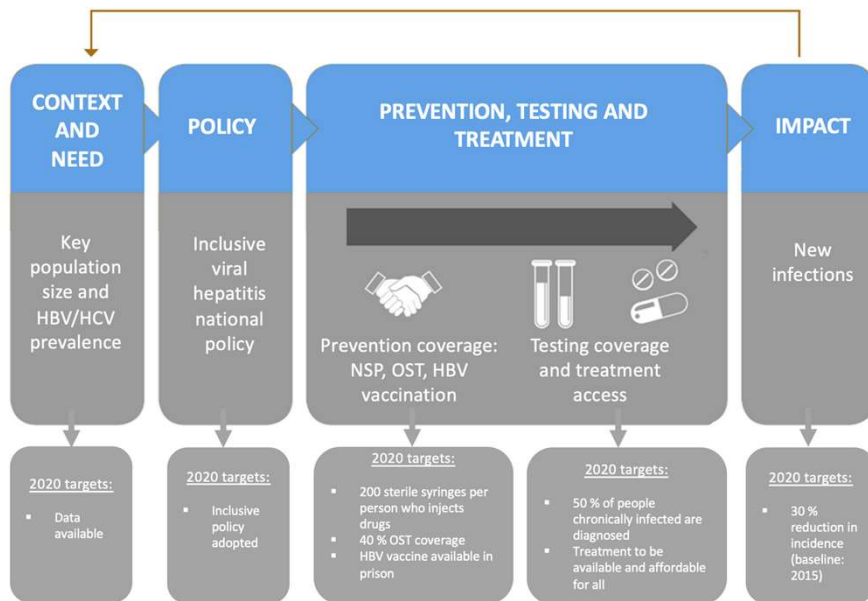


### Upcoming Countries



Number of people trained **700**

## Monitorizar.



## Los objetivos de la OMS/Nacionales/Locales.

- 1) Numero de diagnósticos al año
- 2) % de pacientes tratados
- 3) Infecciones incidentes
- 4) Otros (características Socio/demográficas, FR...)

**Comité/grupo de trabajo.**

## Conclusiones

- “Test & Treat” y Tratamiento como prevención
- Cambio de enfoque. Social/Salud pública.
- Implicación de administraciones y servicios públicos.
- El trabajo integrado, coordinado e interdisciplinar
- **Descentralización** → Si no se puede:
  - Identificar barreras y buscar circuitos alternativos.
  - Adicciones/Colaboración con ONGs.
  - Acompañantes/Navegadores/Educadores
- Proactivismo y flexibilidad.
- Caracterizar incidencia y monitorizar prevalencia.