

MICRO-ELIMINATION OF HEPATITIS C IN A MIGRANT AREA: DECENTRALISATION OF THE OUTPATIENT CLINIC



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BACKGROUND AND IMPORTANCE

There is a significant number of untreated viraemic patients and improvable diagnosis rates, due to what we call 'diagnostic exhaustion' of the hepatitis C virus (HCV) and which is due to the fact that there is a certain number of patients who do not attend the health system because they belong to social groups at risk of exclusion.

AIM AND OBJECTIVES

To assess the effectiveness of a comprehensive HCV micro-elimination strategy in the main migrant settlements in our province.

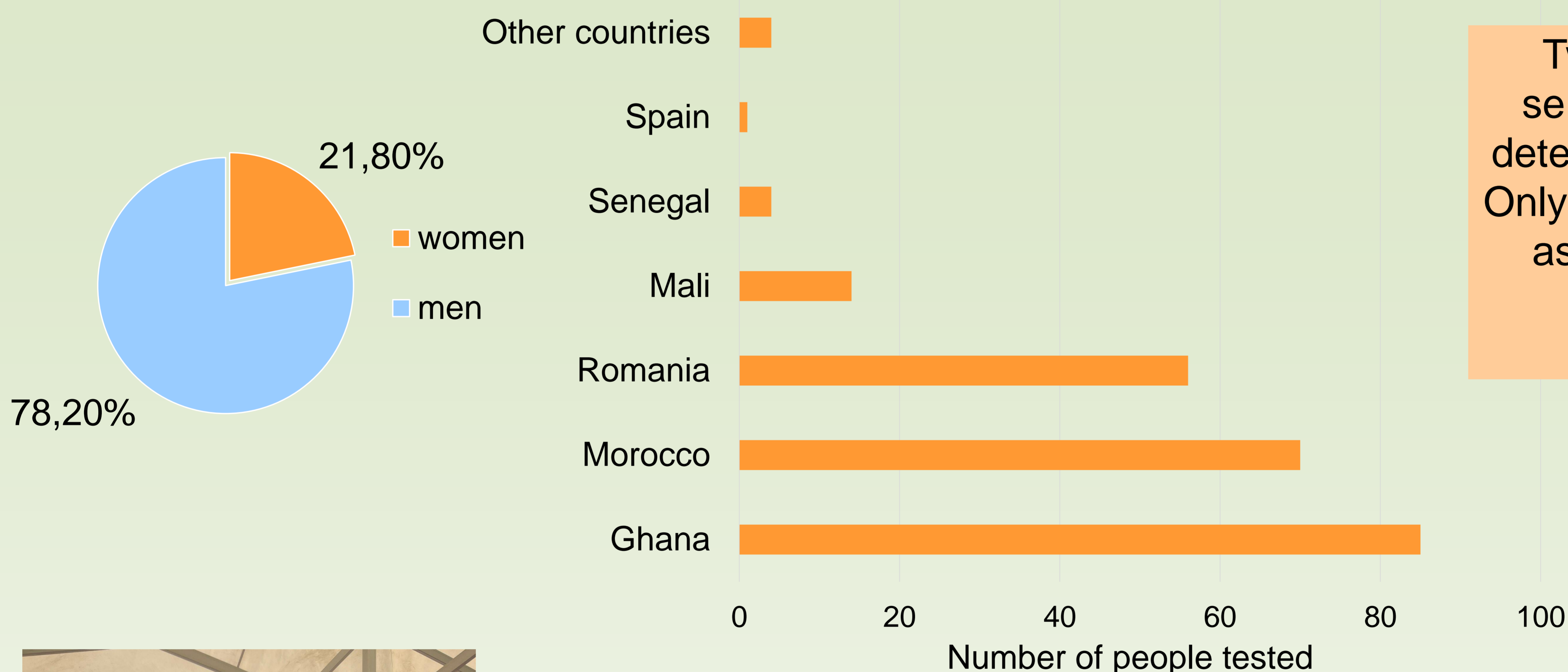
MATERIAL AND METHODS

Local intervention in the main migrant settlement sites, accompanied by specialised Cruz Roja. A serological test was carried out on saliva samples as a screening technique. In those patients who tested positive, we proceeded to perform an in situ viral load test using capillary finger prick using the POC GeneXpert technique. Those in whom active HCV viral load was detected were referred to the Hepatology and Hospital Pharmacy team for on-site assessment and treatment. Diagnosis, information and dispensing, and decentralised pharmaceutical care in the settlement itself was carried out in a single act. Since a sustained viral response is associated with a 97-100% chance of cure, we assumed a probable cure for those patients adherent to treatment due to the impossibility of extensive follow-up.

RESULTS

A total of 234 patients were screened
Mean age of 37 years (RIQ: 29-45)

DISTRIBUTION BY COUNTRY



Two patients were HCV seropositive and both had detectable viral load (0.85%). Only one of them was treated, as the other migrant was diagnosed with hepatocarcinoma.



The treated patient was prescribed sofosbuvir/velpatasvir 400/100 mg, and the medication was dispensed for 12 weeks in a single act by the pharmacy service.

The patient was followed up at subsequent visits to the settlement, corroborating good adherence to treatment.



CONCLUSION AND RELEVANCE

The decentralisation and single act of both diagnosis and treatment of HCV in the migrant population, achieved total screening of this population and cure/treatment of 100% of the patients detected, proving to be an effective strategy for the microelimination of the virus.

