**Toulouse mobile liver disease team**
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**Intervention**

**Aims:** to offer onsite consultation with a multidisciplinary team (MDT) that includes screening for HCV, assessment of liver disease, pre-treatment counselling and treatment initiation for HCV in order to enhance screening and linkage to care (LTC) among high-risk populations with limited access to mainstream healthcare

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**Why is the intervention needed?**

- National plan of The Ministry of Social Affairs in France: HCV elimination by 2025
- It is estimated that: ~100,000 people in France are still infected with HCV; >10,000 people in West Occitanie remain to be screened for HCV infection

Since 2016, all HCV+ patients in France are eligible for treatment with direct-acting antivirals (DAAs) regardless of fibrosis stage

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**What is the intervention and how does it work?**

**Target populations**
- General population
- PWID
- Migrants
- Psychiatric patients
- Ex-prisoners
- People with low income
- Psychiatric hospitals
- Pharmacies
- Primary care
- Emergency shelters
- Day centres
- Post-rehab centres
- Healthcare centres for migrants
- Addiction centres
- Day centres
- Emergency shelters
- Pharmacies
- Primary care
- Healthcare and support centres

**Where does the model operate?**

- A metropolitan area of >1.2 million in Toulouse, France

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**Phase 1 – prior to intervention**

- A member of the team contacts each institution
- Proposes intervention and requests authorisation
- Assesses the needs of the institution
- Checks feasibility of conducting the intervention
- Checks materials already onsite/required
- Arranges optimal date/time for screening day
- Screening day is advertised to clients through posters and word of mouth

**Phase 2 – screening day**

- 2–3 members of the MDT arrive at intervention site
- Individual counselling/education on HCV risk factors and liver disease (led by nurse, addiction psychiatrist and pharmacist)
- Point-of-care rapid HCV antibody testing (TOYO)*
- Hepatologist conducts non-invasive liver disease assessment and discusses liver disease with the patient
- Onsite assessment by the addiction psychiatrist, with referral to addiction services if required
- Results of rapid HCV testing
- Harm reduction counselling
- HCV RNA testing (GenoXpert), HIV and HBV testing
- Treatment initiated if a clear follow-up plan can be established OR
- Results provided to client for follow-up with GP
- All patients with severe liver disease are referred to a GP

*Patients already known to be HCV Ab+ go straight to HCV RNA testing

**Outcomes**

- **HCV infection**
  - 255 patients screened for HCV infection and liver disease
  - 7 new patients identified by TOYO
  - 12 patients aware of infection but untreated
  - 24 previously tested and cured

- **Liver disease**
  - 19 patients >10 kPa: 2 HCV Ab+ / HCV RNA–; 4 HCV Ab+ / HCV RNA+; 13 HCV Ab–
  - 14 patients >10 kPa: 4 HCV Ab+ / HCV RNA+; 3 HCV Ab+ / HCV RNA–; 7 HCV Ab– (alcohol- or NASH-related)

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**Lessons learned**

- Time for patient interview (20 minutes) was short – clear communication is essential
- Many institutions were trained to carry out HCV testing but very few did

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**Future perspectives**

- This intervention has empowered institutions to use existing knowledge of HCV screening – we hope that knowledge sharing between specialists and the various institutions will support task-shifting of HCV screening to non-specialists

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**A multidisciplinary team providing HCV testing, liver disease assessment, counselling, referral and/or treatment initiation in a range of settings, accessed by people who are at a high risk of HCV infection and have limited access to mainstream healthcare, is an innovative approach to reach individuals who otherwise may not have been screened for HCV and/or assessed for liver disease.**

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**Notes:**