SAFE remote HCV screening project
Magally Torres-Leguizamon, Catherine Duplessy and Thomas Nefau, Paris, France

The SAFE association provides harm reduction products and support, and linkage to care (LTC) for people who use drugs (PWUD) through their HArm REduction by POst (HAREPO) programme.

SAFE provides services in France and Overseas France.

~2000 PWUD have benefitted from the HAREPO programme.

**Aim:**
To increase the number of HAREPO registrants screened, linked to care and treated for HCV using remote methods of screening, including remote dried blood spot (DBS) testing.

**Why is the model needed?**
SAFE reaches PWUD who do not usually access or do not want to be linked to drug addiction services, including:
- PWUD who do not live near harm reduction services
- PWUD who do not consider themselves as drug addicts or identify with the 'stereotype' of a drug user
- PWUD who have a fear of stigma
- PWUD looking for anonymity
- Women not comfortable frequenting low-threshold centres

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

1. **HCV ‘sensitisation’**
   - SAFE posts HCV educational materials to user
   - SAFE makes motivational call and proposes screening
   - User requests screening
   - Informed consent collected

2. **Testing for HIV/HCV/HBV in single blood sample – patient choice**
   - Remote DBS test
   - Blood test with preferred doctor
   - User sent DBS test kit and video instructions
   - User sent testing request form for screening at location of choice
   - Blood sample sent to Montpellier University Hospital for HCV, HIV and HBV screening

3. **Results**
   - Results sent to SAFE doctor
   - Results sent to user’s preferred doctor
   - Continued harm reduction support
   - Patient navigation supported by SAFE

4. **Treatment and follow-up**
   - Simplified care
     - Confirmation of diagnosis and liver disease assessment
   - Specialised care
     - DAA prescription/start treatment
     - Specialist hepatology consultation
   - Post-treatment monitoring by SAFE

**Interventions used to enhance HCV testing, LTC and treatment uptake**
- Outreach HCV testing and counselling
- Remote DBS testing
- Patient navigation and facilitated referral for community-based HCV evaluation and treatment, or enhanced referral to specialist HCV care
- Noninvasive liver disease assessment using transient elastography or blood biomarker tests

**Key learnings**

- 87% of PWUD consented to receive the test
- €16 Outreach and education
- €103 From informed consent to delivery
- €0 Performing the test
- €26–250 Providing results
- Total cost: €145–369

**Challenges and key learnings**
- Many PWUD do not have access to harm reduction programmes
- Most rural areas have no specialised care infrastructure for PWUD
- Education and remote screening through HAREPO provides an opportunity to test for and treat HCV, HBV and HIV
- Self-testing using DBS is a suitable screening option

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Many PWUD are still disconnected from traditional harm reduction services and may not seek out HCV care. Education and remote screening for HCV, HBV and HIV through the SAFE HAREPO programme provide an opportunity to test and provide care for these individuals.

In a survey of 163 PWUD: 67% lived in non-urban areas* 25% were unaware of their HCV status
HCV disease awareness was low among women, people in rural/semi-urban areas and non-injecting drug users.

*Semi-urban 18%, rural 49%