Integrated, simplified model of care between the hospital-based specialist prescribing centres, addiction units and prisons in Caserta

Aim: to eliminate HCV in a high prevalence area by simplifying the HCV patient journey through active and comprehensive screening and surveillance and enhanced linkage to diagnostic assessments and treatment for people who use drugs (PWUD) and people in prison

Why is the model needed?

HCV prevalence in Campania
- 2.4% in the general population
- 8.2% in people aged over 60 years
- 30–60% among people who inject drugs (PWID) in SerDs

People with HCV genotypes associated with drug use were treated less frequently in Campania in comparison with the rest of Italy, indicating PWUD were undertreated in the region

Barriers to HCV care for PWUD and people in prison
- Limited screening at addiction centres and prisons
- Long waiting list for specialist referral and multiple hospital visits
- Long wait list for mandatory FibroScan due to lack of resources

What is the model and how does it work?

1. Standard care

Visit 1 – GP
- HCV Ab Test
- Blood tests/ assessments

Visit 2 – Hospital
- Blood tests/ assessments

Visit 3 – GP
- Test results

Visit 4 – Hospital
- HCV RNA+ Diagnostic

Visit 5 – Hospital
- Camouflage FibroScan
- Genotype
- DAA treatment

Visit 6 – Hospital
- Monitoring and monthly collection

SVR12
- Treatment and post-treatment follow-up: 5–6 months

2. Simplified pathway – on site screening and follow-up, one-time clinical assessment at hospital

Visit 1 – SerD or prison
- HCV Ab Test (saliva or blood)

Visit 2 – SerD or prison
- Blood draw if HCV Ab Test: negative

Visit 3 – Hospital
- Test results

Visit 4 – SerD or prison
- HCV RNA+ Diagnostic

Visit 5 – SerD or prison
- Same day FibroScan, treatment and motivational counseling

SVR12
- Treatment and post-treatment follow-up: 5–6 months

Interventions used to enhance HCV testing, linkage to care (LCT) and treatment uptake
- Education and training of addiction and prison healthcare professionals to conduct HCV screening and manage on-treatment and post-treatment monitoring
- Rapid HCV antibody testing at addiction units and prisons
- One day appointment, including liver disease assessment using transient elastography, DAA prescription and counselling
- Clinical monitoring, therapy adherence and SVR12 at addiction centres and prisons

Outcomes

Teano Addiction Centre (Caserta)

HCV cascade of care among PWUD pre- and post-intervention

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<tbody>
<tr>
<td>May 2019</td>
<td>Treated: 85</td>
<td>85</td>
<td>100</td>
<td>100</td>
<td>92%</td>
<td>4%</td>
<td>3</td>
<td>SVR12: 98%</td>
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<td>Adherence: 95%</td>
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<td>Relapse: 1</td>
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<td>Drop-out: 1</td>
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<td>Reinfections: 0</td>
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Further activities
- Implementing the simplified pathway for prison inmates
- Implementing oral HCV antibody testing in therapeutic communities and REMS
- Regional guidelines to screen and treat PWUD developed

The ‘Caserta Model’ of integrated HCV care aims to eliminate HCV in the Caserta region by instituting a simplified care pathway thereby making screening and treatment easily accessible to high-risk populations