Holistic HCV elimination in Tenerife
Luz Goretti Santiago Gutiérrez and Francisco Andrés Pérez Hernández, Tenerife, Spain

Why is a regional elimination plan needed?

| Why is a regional elimination plan needed? | To find individuals diagnosed with HCV but not cured | To address ‘diagnostic burnout’ | >50% of HCV infections due to injection drug use in 2018 | To improve the care cascade for HCV patients in prison |

What does the regional elimination plan involve?

**Multiple collaborators**
- Hepatologists, pharmacists, microbiologists and nurses
- Primary care clinics, drug addiction units (DAUs), penitentiary centres and non-governmental organisations
- Medical directors from regional and local health authorities
- General directores of public health and assistance programmes
- Regional health information systems

**Phase 1**
**Hospital outpatients clinic**
- Active patient search via database evaluation and follow-up
- >2000 patients diagnosed with HCV since start-up in early 1990’s

**Phase 2**
**Primary care**
- Collaboration with primary care authorities and providers
- 1. Educate on HCV
- 2. Find patients: ‘detect and refer’ plan
- 3. Streamline diagnosis and referral pathways

**Phase 3a**
**DAUs**
- Collaboration with addiction care providers
- On-site diagnosis and linkage to care in hospital from professionals they already trust
- One-day fast-track consultation in hospital
  - Point-of-care testing (dried blood spot), HCV evaluation, liver disease assessment, counselling, education and DAA prescription with directly observed therapy
  - Outreach dispensing of DAs at DAUs
  - Follow-up of treatment in DAUs

**Phase 3b**
**Penitentiary centres**
- Inmates with HCV identified
- Fast-track scheduling of hospital appointment
- One-day appointment: HCV evaluation through to DAA prescription
- Treatment administered in prison
- On treatment follow-up by prison doctor
- Co-ordination with DAUs regarding follow-up care for released prisoners

**Key interventions used to enhance HCV testing, LTC and treatment uptake**
- Point-of-care testing (Phase 2 and 3a)
- Fast-track HCV evaluation and liver disease assessment using transient elastography (Phase 2, 3a and 3b)
- Same-day DAA prescription, dispensing and treatment in drug and prison setting (Phase 3a and 3b)

**Key outcomes**
- **840** Patients treated including patients in the clinic database who had been diagnosed with HCV but not cured and new patients
- **16** Average number of new patients treated per month March 2018–February 2019
- **93%** Patients attended first consultation and adhered to subsequent follow-up schedule
- **100%** Referred patients treated

**Potential future steps (Phase 4)**
- Screening of all individuals aged 40–70 years
- Database search to find ALL patients diagnosed and not cured
- Collaboration with psychiatry units
- Specific interventions targeting sexual transmission-risk subjects

It is important to understand and tailor HCV care to the local setting, however, concerted efforts to link specific populations to care through multistakeholder collaboration can lead to significant progress towards HCV elimination.
Interventions used to enhance HCV testing, LTC and treatment uptake

**Phase 1**
- Active patient search via database evaluation and follow-up
- Word-of-mouth patient referrals
- Public disease awareness via television campaigns

**Phase 2**
- Access to HCV RNA test request from primary care
- One-step diagnosis
- Referral message with each HCV RNA+ result
- Fast-track HCV evaluation and liver disease assessment using transient elastography
- Virtual primary care–clinic consultation
- Medical records interface between primary care and the hospital
- DAAs dispensed on same day as clinic visit

**Phase 3a**
- Integrated fast-track HCV care in DAU, including on-site testing, HCV evaluation, liver disease assessment using transient elastography, counselling, education and DAA prescription
- Point-of-care testing (dried blood spot), with confirmatory HCV RNA test
- Directly observed administration of DAA (directly observed therapy) alongside dispensing of opioid substitution therapy

**Phase 3b**
- Fast-track scheduling of hospital appointment for diagnosed patients
- One-day appointment, including HCV evaluation, liver disease assessment using transient elastography and DAA prescription (administered in prison)
- On treatment follow-up by prison doctor
- Co-ordination with DAUs regarding HCV treatment and follow-up for released prisoners