Prevention, testing, treatment and care of Hepatitis C in Harm Reduction and Community Centres

Background:

Hepatitis C is a liver disease, caused by the hepatitis C virus (HCV). It is a blood borne virus which causes both acute and chronic infection of the liver ranging in severity from a mild illness lasting a few weeks to a serious, lifelong illness with premature mortality (4). Approximately 15–45% of infected people spontaneously clear the virus without any treatment, within 6 months of infection. The remaining 55–85% of people will develop chronic HCV infection. For people with chronic HCV infection, the risk of developing liver cirrhosis is estimated to be between 15–30% within 20 years.

In developed countries and across HCV is most commonly transmitted as a consequence of unsafe injecting drug-use practices, such as sharing of contaminated injecting equipment (needles, syringes, and other injecting paraphernalia). The majority of HCV transmission across the European region is among people who inject drugs (PWID) and a result of sharing contaminated injected equipment including needles, syringes and to a lesser extent, other injecting paraphernalia. The HCV infection prevalence among PWID, is estimated to range from 14% to 84% (5), but infection is also common in other vulnerable populations and groups such as men who have sex with men (4.2%), and sex workers (11%).

First step: Community testing

Community-based testing refers to an approach which uses settings within the community, that are representative of and used by affected and marginalized key populations, to provide targeted testing services (16). These settings include: fixed venues, mobile testing units, outreach sites, a person’s home, and community-based organizations (CBOs) such as: churches, mosques, parks, tents, shelters, syringe services programs, educational environments, workplaces. Access to community based testing, by non-judgmental personnel, at venues which offer flexible opening hours and appointments, has been shown to improve testing rates (13).
Community-testing services should include, pre-and post-test counselling (increasingly referred to as pre and post-test discussion), support and linkage to care and prevention. In general, the planning of services, according to ECDC, should guarantee services are suitably targeted and suit the needs of the target groups (19).

WHO indicates that testing services, including community-based testing services, should be governed by 5 principles, known as the 5C’s:

- Consent
- Confidentiality
- Counselling
- Correct Results
- Connection (16).

These principles derive from a human-rights and public health-centered approach, prioritizing benefits to individuals (equality, availability and high quality of services) as well as the improvement of health outcomes for the population.

Recommendations to increase community testing and other HCV related services:

- Remove legal, regulatory and/or policy barriers that hinder equitable access to hepatitis services, especially for most-affected populations and other groups at risk, such as PWUD. This includes changes in the national HCV treatment guidelines and strategies to approve community HCV testing and treatment in harm reduction and community settings.

- Provide more hepatitis C-related programme funding. This includes greater investment towards the scaling-up of universal health coverage (UHC) for PWUD and in ensuring the sustainability of HCV services and interventions.

- Develop national norms, quality standards and certification for HCV testing and treatment in community and harm reduction settings. This includes developing indicators and evaluation systems that ensure the quality of interventions and services.

- Actively engage PWID and HCV-affected populations in developing, implementing and evaluating strategies and programmes. This includes more opportunities for training and paying peer workers as professionals in the delivery of services.

References:


(16) World Health Organization, 2016, Global report on access to hepatitis C treatment: focus on overcoming barriers

(13) World Health Organization (Regional Office Europe), 2012, Social contexts of access to treatment and care for HIV, hepatitis C and tuberculosis among people who inject drugs in European cities