

# World Congress on Hepatitis

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## Hepatitis mobile team: A new concept for benefit toward drugs users with Hepatitis C

**Hakim Bouchkira**  
Hospital of Perpignan, France

**Introduction:** 44% of French drugs users were positive. Treatment of hepatitis C changed in 2011 with use of first antiviral direct agents. It was more difficult with tritherapy than dual therapy for drugs users to access to hepatitis screening, care and treatment. All these patients need support especially psycho-educative interventions.

**Methods:** To improve this situation, we created in July 2013 the first hepatitis mobile team (HMT) composed of hepatologist, 2 nurses, social worker and secretary. There were 6 goals for HMT: Screening of hepatitis C with point of care testing, screening of liver fibrosis with portable FIBROSCAN, social screening, hepatology consultation directly in each partner unit, psycho-educative interventions and formation of social and medical staffs. All these actions were realized outside of hospital. One referent was first choosing in each drug user care unit and also in jail house medical unit. HMT became quickly helping unit to support hepatitis C patients, especially for drug users, inmates, homeless, psychiatric patients, emigrants or patients without social insurance. HMT action completed other medical and social actions in difficult social area. We also used an original psycho-educative intervention program created in 2009 with specially-trained nurses outside of our hospital. Program was available for out-of-treatment patients and was free and optional for patients. Patients could call nurse 7/7 days; 325 patients were included in 5 years.

**Results:** At 31st August 2014, 22 different units in Perpinya area (500 000 people) were partners of HMT: Low and high threshold methadone units, retention and detention center medical units, free meal programs, outside psychiatric units, emergency and medical hosting units. After 12 months of activity, HMT organized 5 weekly hepatology consultations, 15 weekly or monthly nurse consultation; we took care of 399 patients; 240 FIBROSCAN and 283 HCV quick tests were realized ; 4% of quick tests were positive; 44 patients known as HCV positive came back to medical care; 12% of patients had cirrhosis or severe liver fibrosis; hepatologist saw 77 different patients and 51 patients began treatment with individual psycho-educative interventions; 16 collective psycho-educative interventions were also realized for total of 76 patients.

**Conclusions:** HMT was new concept of hepatitis C care outside of hospital and doctor's practice. It permitted screening, liver evaluation, care and treatment of difficult HCV patients in specific medical or social care units, which was usual and comfortable for patients. Our highlights were to be easy link between outside structures and hospital (date of appointment, orientation hospital partners), extension of screening outside of hospital, which complements existing screening offer, in proximity to places where live precarious patients and drug users, to cover whether geographical or social white areas, reactivity of supported when the 1st call (FIBROSCAN within 48h), rapid specialist consultation (within 72 hours) and orientation to active dynamic patient care. HMT was an innovative concept that promotes return of known HCV patients in circuit of care by facilitating access to FIBROSCAN then specialist consultation. With invested teams and adherence to the project; we could increase number of HCV precarious patients and/or drug users supported, treated and cured. French experts report said in May 2014 1/Treat all patients with mild and severe liver fibrosis F2 F3 F4 and 2/Treat all drugs users and inmates even if no liver fibrosis. That was our daily actions since HMT beginning.

### Biography

Hakim Bouchkira is a Nurse Coordinator of Mobile Hepatitis Team. He is working in Perpignan Hospital since 2006.

[ide.emh@ch-perpignan.fr](mailto:ide.emh@ch-perpignan.fr)

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