Introduction

In France among 170000 patients with HCV chronic hepatitis C, 59000 patients were unknown or not followed [1]. Question to be resolved was how to find these missing patients. Mobile hepatitis team created in July 2013 took care of 651 HCV patients among 12.2 million of people stayed at least one day, either 184 people per hospital, for different reasons, but never for hepatitis care. No HCV care was proposed to these patients after other health problem resolution.

Objective: To identify HCV patients coming to our hospital by using nurses of every service for a goal of zero hepatitis hospital.

Methodology: Our hepatitis specialized nurse did training sessions of nurses in every unit of our hospital about hepatitis screening, diagnosis and treatment and when to call hepatitis nurse if they had HCV positive patient and gave specific flyers and posters.

Results: In 15 months, hepatitis nurse did training sessions in 15 units of our hospital, including 92 nurses. We received 58 calls about 52 patients with hepatitis C; 50/58 patients were current or formers drug users, 32 patients are known as negative viral load, spontaneously or after antiviral treatment; 20 had positive viral load and took care by our team; 13 started immediately DAA. All drug users had also risk reduction session.

Conclusion: Hospital nurses training was easy to set up and cheap and useful to detect new patients or known patients without medical care, specially drug users. Same project could be done in every hospital.

Abbreviations: DAA: Direct Antiviral Agents; HCV: Hepatitis C Virus; MHT: Mobile Hepatitis Team; SVR: Sustained Virological Response

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Hospital zero hepatitis: Easy and useful!

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Abstract

Introduction: 59000 hepatitis C patients were unknown or not followed in France. In 2017, 81% of our "new" patients have already been hospitalized, especially in emergency units. Hepatitis C was noted in their file as other medical histories like appendicitis or shin fracture! Drug users came one to twelve times per year in hospital for different reasons, but never for hepatitis care. No HCV care was proposed to these patients after other health problem resolution.

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Results

From September 2017 to December 2018, hepatitis nurse did training sessions in 16 units of our hospital, including 92 nurses: 9 medicine units, 6 surgery units and maternity ward. Distribution of patient’s unit by unit was presented on figure 2. Gastroenterology, visceral surgery, pneumology and neurosurgery were most frequent units. We received 58 calls about 52 patients with hepatitis C, 1 to 4 calls per week. Fifty patients were current or former drug users. Forty-one patients had social rights difficulties. Thirty-two patients are known as negative viral load, 17 spontaneously and 15 after antiviral treatment; 20 had positive viral load and took care by our team; 13 started immediately DAA. All drug users had also risk reduction session. Six patients have hepatitis B infection and two were also infected by HIV. Follow-up of HCV patients was detailed in figure 3.

Discussion

Our project was quickly efficient for vulnerable and out of HCV care patients. To obtain HCV eradication in 2030 is goal of WHO [4]. Simplification of HCV pathway is major possibility to test and cure patients like Grebely and our team proposed [5,6] and reported in figure 4. But before HCV treatment access, patients had to know that DAA exist and they could be treated. Too many people are under diagnosed with only one serology, no viral load measure and no liver fibrosis evaluation. In other times, HCV evaluation was done long time ago. Public hospitals were a reference place for many people, especially for vulnerable patients like psychiatric patients, migrants, drugs users or homeless. There was high prevalence of HCV infection [7].
Figure 2. Distribution of calls by hospital unit

58 calls for 58 patients

52 HCV antibody positive
6 HBV positive (2 HIV positive)

20 HCV viral load positive
32 HCV viral load negative

17 treated patients / 15 spontaneous negative

13 began treatment < 1 month

5 contraindications for cancer
2 lost follow-up

Figure 3. Follow-up of HCV patients

1. Standard of care

Visit 1: HCV Ab test
Visit 2: Phlebotomy
Visit 3: Ab test results
Visit 4: Phlebotomy
Visit 5: Diagnosis

2. MHT with standard hospital procedure

Visit 1: MHT unit
Visit 2: HCV Ab test
Visit 3: Phlebotomy
Visit 4: HCV RNA test
Visit 5: Diagnosis

3. Test-to-treat

Visit 1: MHT unit
Visit 2: Test-to-treat – one 5-hour session


Ab: antibody

Figure 4. Pathway simplification
Conclusion

Training of nursing relays within the different units of a hospital center is easy to set up and useful to orient in a specialized circuit HCV patient not previously supported, especially for drug users and homeless. Same experience could be transferable to other hospital centers and creates a dynamic zero-hepatitis hospital throughout the institution. Our goal for 2019-2020 will to develop our project in all units of our hospital specially in emergency units.

References


