

Bordeaux Métropole sans Hépatite Virale



Centre Expert Hépatites Virales
Aquitaine
CHU Bordeaux

Juliette Foucher
23 novembre 2023

2004



2004



Un constat qui ne date pas d'hier...

- Difficultés à dépister et à prendre en charge des patients VHC
 - Freins à déplacer les patients vers l'hôpital
 - Biopsie hépatique
 - Traitements difficiles et peu efficaces

Des outils nouveaux...

- FibroScan
 - Simple
 - Rapide
 - Utilisable hors les murs

Des rencontres...

- Equipes de CSAPA
- Partenaires

Un résultat...Le guichet unique au CEID

- Etude Toxcan
- Consultation hépato hors les murs
- Journées Foie Addictions



2004



CSAPA

Hépatites virales et prisons

- Consultation avancées à la maison d'arrêt de Gradignan
- FibroScan dans l'UCSA



2004

2009

CSAPA

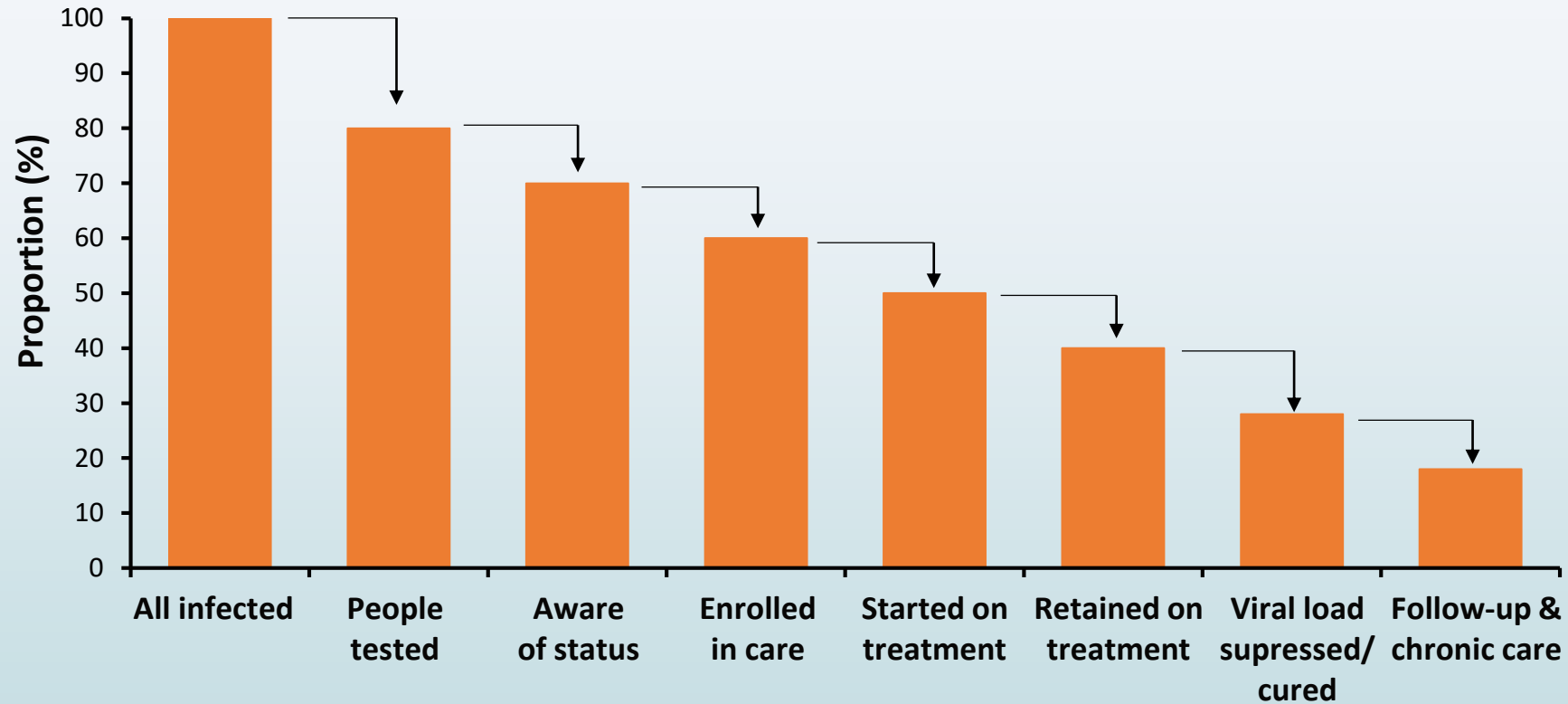
Prison



La révolution...



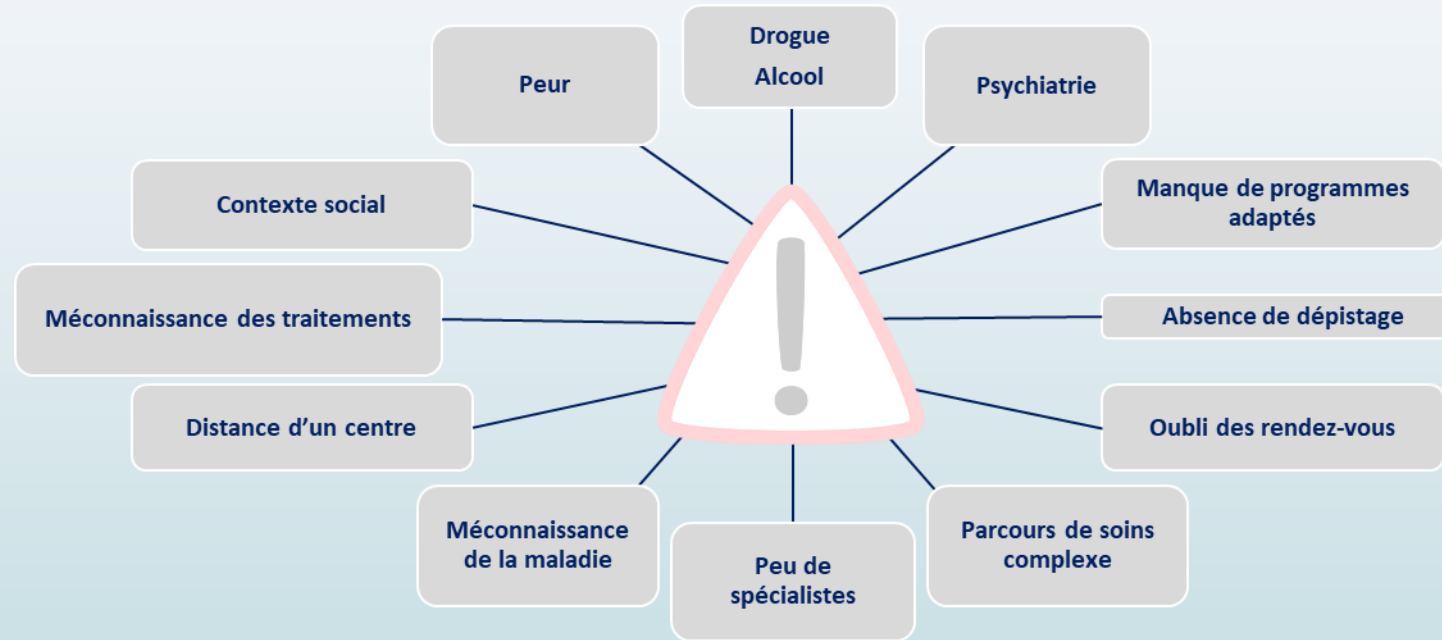
La cascade de l'hépatite C



Dépistage - Traitement - Prévention

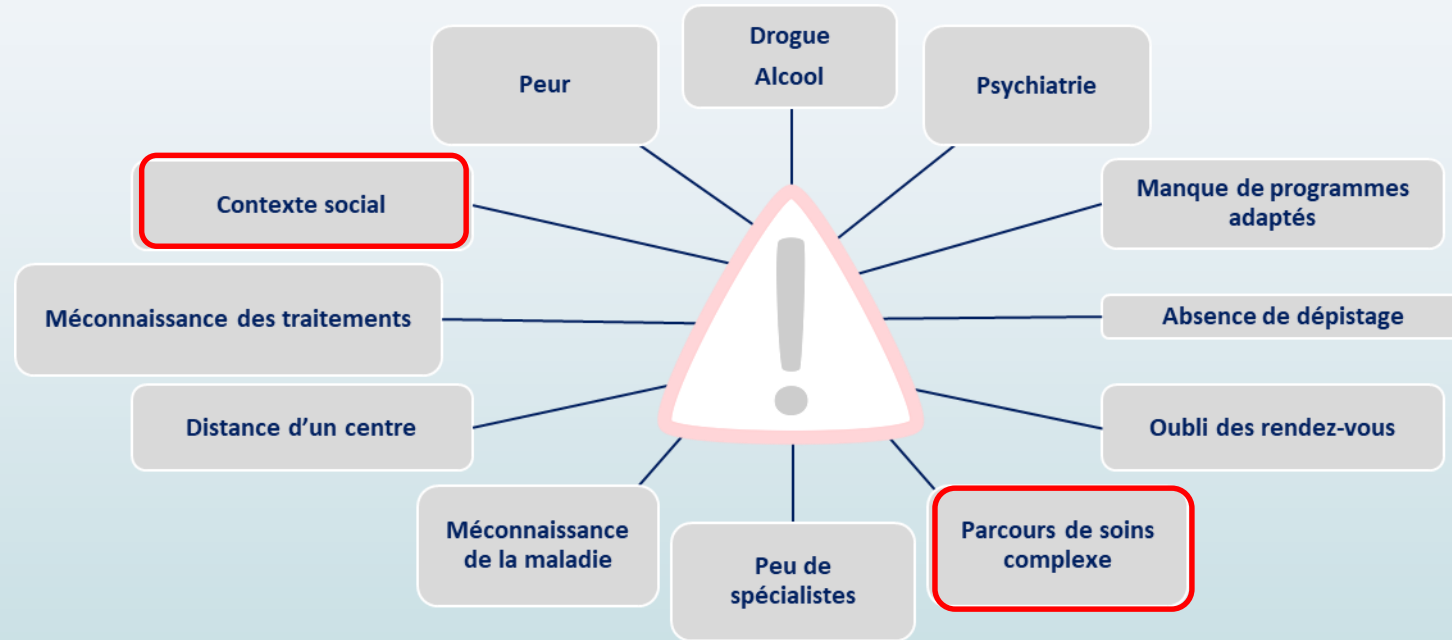
WHO Global Hepatitis Report, 2017. Available at:
<http://apps.who.int/iris/bitstream/10665/255016/1/9789241565455-eng.pdf?ua=1> (accessed April 2018).

Raisons pour expliquer la cascade



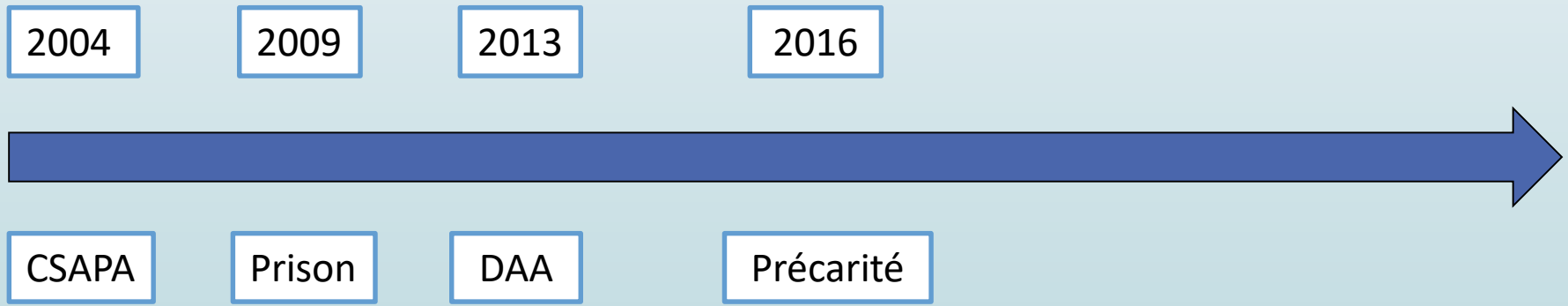
1. McGowan CE & Fried MW. *Liver Int* 2012; 32(Suppl 1):151–156;
2. Mendes LC, et al. *Braz J Med Biol Res* 2016; 49:e5455;
3. Miller L, et al. *AASLD 2016; Abstract 763*;
4. Muir AJ & Naggie S. *Clin Gastroenterol Hepatol* 2015; 13:2166–2172;
5. Evon DM, et al. *Aliment Pharmacol Ther* 2010; 32:1163–1173;
6. Butt G, et al. *ISRN Nurs* 2013; 2013:579529;
7. Arora S, et al. *N Engl J Med* 2011; 364:2199–2207;
8. McGowan CE, et al. *Hepatology* 2013; 57:1325–1332;
9. Litwin AH, et al. *AASLD 2017; Abstract 1064*.

Raisons pour expliquer la cascade



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Elargir aux populations particulières



- Précarité
- Migrants
- Consultation coupe-file

Parcours simplifié

Dépistage dans les structures



Prise de rendez-vous pour consultation spécialisée par email ou téléphone avec ligne directe



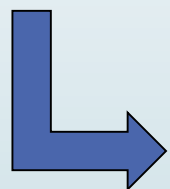
< à 15 jours

Rendez-vous hépatologue avec prise en charge complète (bilan clinique, bilan biologique, évaluation de la fibrose et une éducation thérapeutique dans la même matinée)



Suivi adapté selon la pathologie

Rendez-vous de suivi donné avec le même médecin.



Création consultation priorité

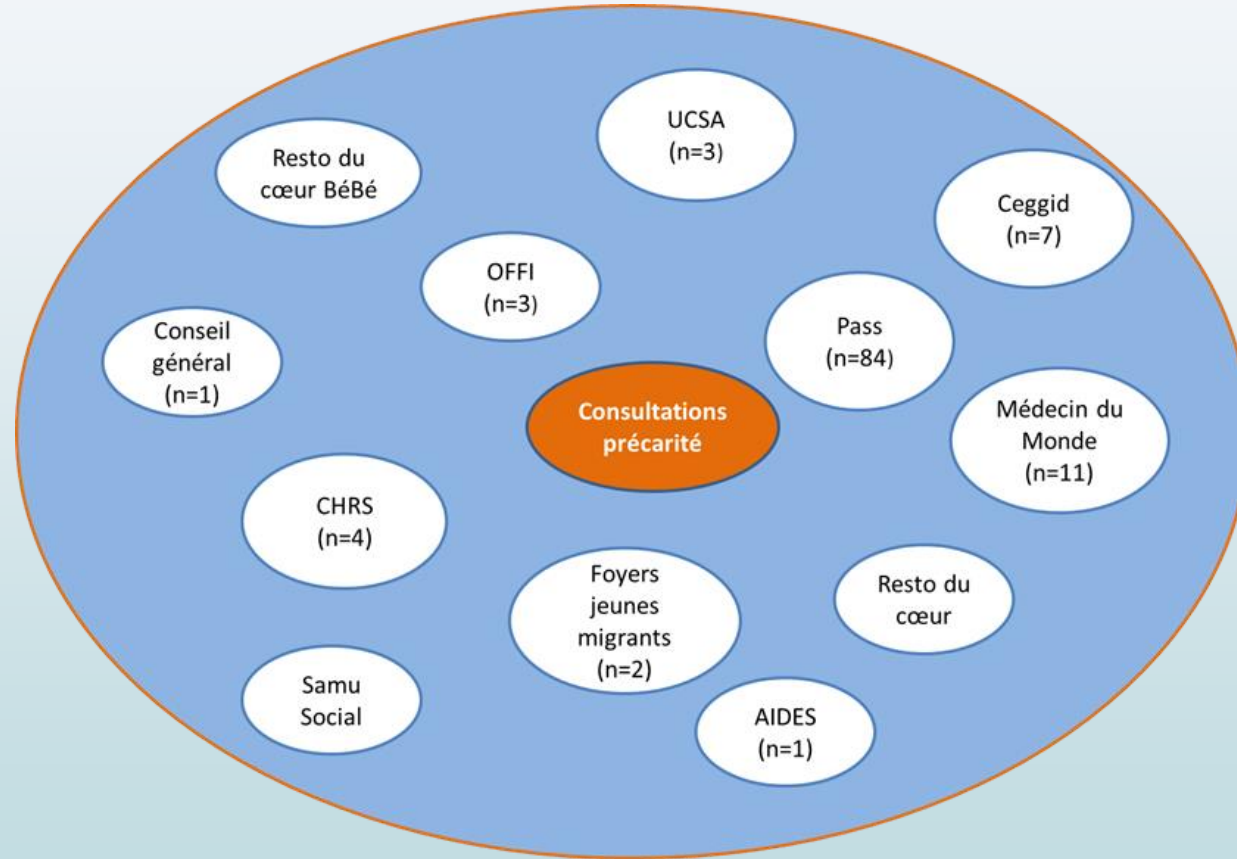
- Consultation hépatologue
- FibroScan
- Bilan sanguin
- Rencontre AIDES
- Petit déjeuner
- Remise en main propre du RDV suivant
- Suivi des dossiers



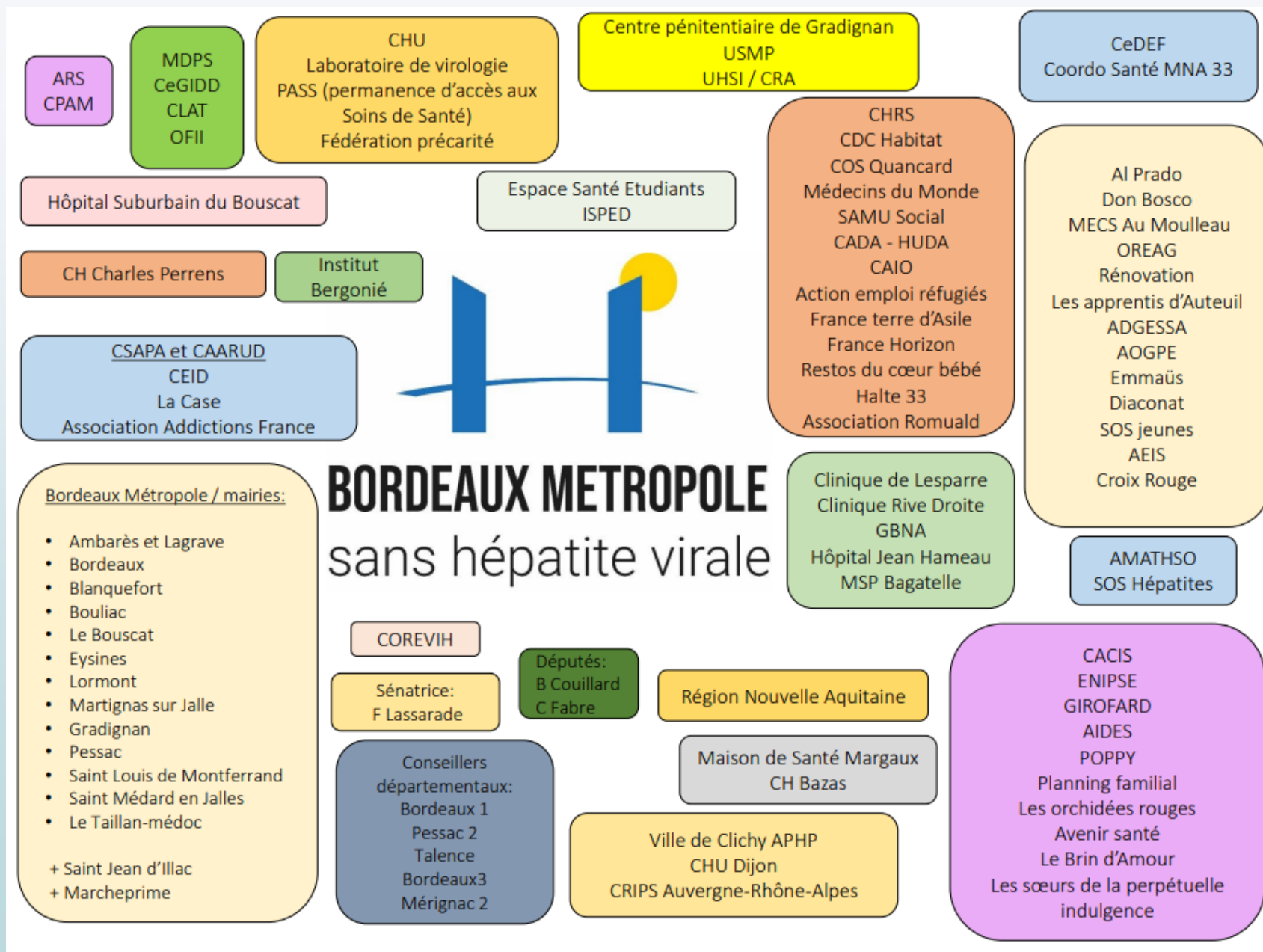
- Création BMSHV



2017



2023...



BMSHV

- Rencontres semestrielles
- Journées de dépistage
- Formations VHC VHB
- Flyers



✓ 1 Coordinatrice
Anne-Laure De Araujo

✓ 1 Infirmière mi temps
Lucille Berton



- Un BUT...dépister et traiter !!

COMMUNICATION

Créés en 2020 grâce à l'école d'art Emile Cohl de Lyon, ces flyers sont à destination du grand public et distribués largement sur la métropole bordelaise.

HÉPATITE B
Le dépistage, pourquoi pas vous ?

LE DÉPISTAGE
C'EST TOUJOURS
UNE BONNE NOUVELLE

DÉPISTÉE, L'HÉPATITE B EST SANS CONSÉQUENCES

HÉPATITE C
Le dépistage, pourquoi pas vous ?

LE DÉPISTAGE
C'EST TOUJOURS
UNE BONNE NOUVELLE

DÉPISTÉ, ON GUÉRIT TOUJOURS DE L'HÉPATITE C

Introduction

Migrants and persons experiencing homelessness or psychiatric condition encounter many barriers to HBV/HCV care (from screening to treatment and follow-up). Therefore, it is necessary to provide easy and rapid access to diagnosis, treatment and follow-up, to these patients. In 2017, we started a program to promote more equitable link to care by bringing screening into the community and promoting easy access to care and follow-up in this population.

The current study aimed assess this elimination strategy based on a community intervention and simplified access to care in our metropolis of about 800,000 inhabitants. Moreover, we evaluated the long-term follow-up of these patients.

Close relationships with all structures that provide screening for migrants and homeless people are created



Appointments for viral hepatitis management can be made easily, with a simple email request



Every Friday, all newly screened patients are seen in our unit. In the morning, patients undergo a blood and 7 different needle-nurse-led education, strategy with a physician, and meet with the patient's association.



At the end of the day, treatment is started or a follow-up appointment is made. Nurses closely monitor patients (via phone call)



Methods and Patients

From January 2017 to March 2023, all patients who attended our simplified access to care after a HBV or HCV screening in any community center in our area were included. All patients had a clinical, biological, virological, morphological assessment, met a nurse and a physician, and another appointment was organized for their follow-up.

In HCV patients, treatment was initiated as soon as possible and the follow-up was stopped after SVR, except in cirrhotic patients (follow-up maintained every six months for HCC screening). In HBV/HDV patients, a follow-up at least once a year was organized, with or without treatment.

Characteristics of patients

A total of 728 patients were screened by 50 community centers and referred to our center. Among them, 83 (11.4%) never attended the first appointment. Most of them were referred by the hospital unit for homeless.

Characteristics of the 645 other patients were: male 499 (77.4%), mean age 30.7 years (148 patients (22.9%) were < 18 years).

Main countries of birth were Guinea (122), Georgia (69), Mali (57), Ivory Coast (53), Senegal (35), Bulgaria (27), Cameroun (27), and France (19).

Viral infections were HBV 492 (76.3%), HCV 118 (18.3%), HDV 30 (4.7%) and coinfections 5 (0.7%).

Median time between arrival in France and the first consultation was 158 days (extremes: 2 – 14829).

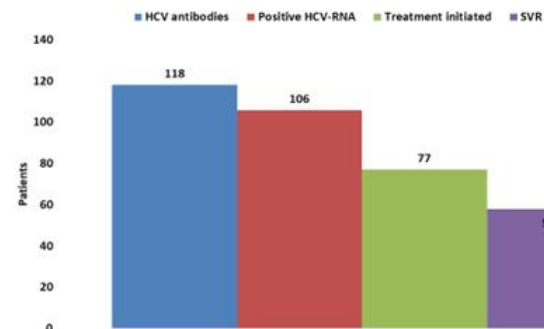
Results HCV patients

Characteristics of the 118 HCV monoinfected patients were: male 98, mean age 41.9 years, BMI 24.9 kg/m², Genotype (N=66) 1 (44.8%), 2 (11.9%) 3 (34.3%) 4 (9%), median liver stiffness 5.6 kPa. 12 patients had spontaneous clearance of HCV infection. Among these 106 patients, 77 received a treatment. SVR was available in 58 patients (75.3%), treatment is ongoing in 10 and 9 patients (11.7%) did not attend the visit to assess RVS.

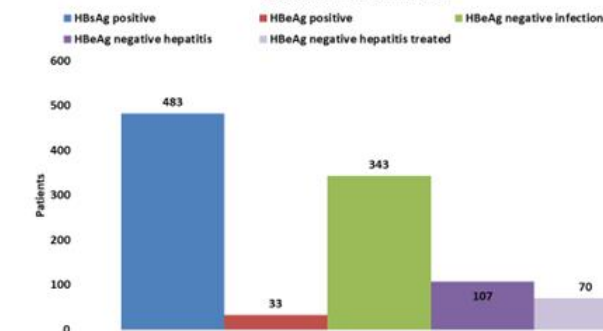
Results HBV patients

Characteristics of the 492 HBV monoinfected patients were: male 372, mean age 27.8 years, BMI 24.3 kg/m², median liver stiffness 5.8 kPa. Nine patients had negative HBsAg. Median follow-up was 13.2 months (extremes: 0-74.3 months). After exclusion of patients seen during the last year, this follow-up was 17.2 months. 33 patients had positive HBeAg. Among them, 5 (15.2%) were lost to follow-up. 107 patients had negative HBeAg hepatitis (HBV-DNA > 2000 IU/ml) and 70 (65.4%) received a treatment. 21 patients (19.6%) were lost to follow-up. 343 had negative HBeAg infection. Among them, 130 (37.9%) were lost to follow-up. Cascade of viral elimination is indicated in Figure.

Cascade for HCV elimination



Cascade for HBV elimination



Conclusions

In conclusion, in this very difficult to manage population, the elimination of viral hepatitis is possible by working very closely with all community structures in the region. The care pathway was easy with very quick access to our expert center and 89% of patients attended the first appointment. Less than 20% of treated patients were lost to follow-up. This program is on-going with more community centers.

Contact

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victor.deledighen@chu-bordeaux.fr
www.bmshv.fr



Caractéristiques des patients



- Janvier 2017 à mars 2023
- 728 patients adressés
- 83 patients jamais venus (11,4 %)
- 645 venus
 - 77% hommes
 - Age moyen 30 ans
 - 148 mineurs (23%)

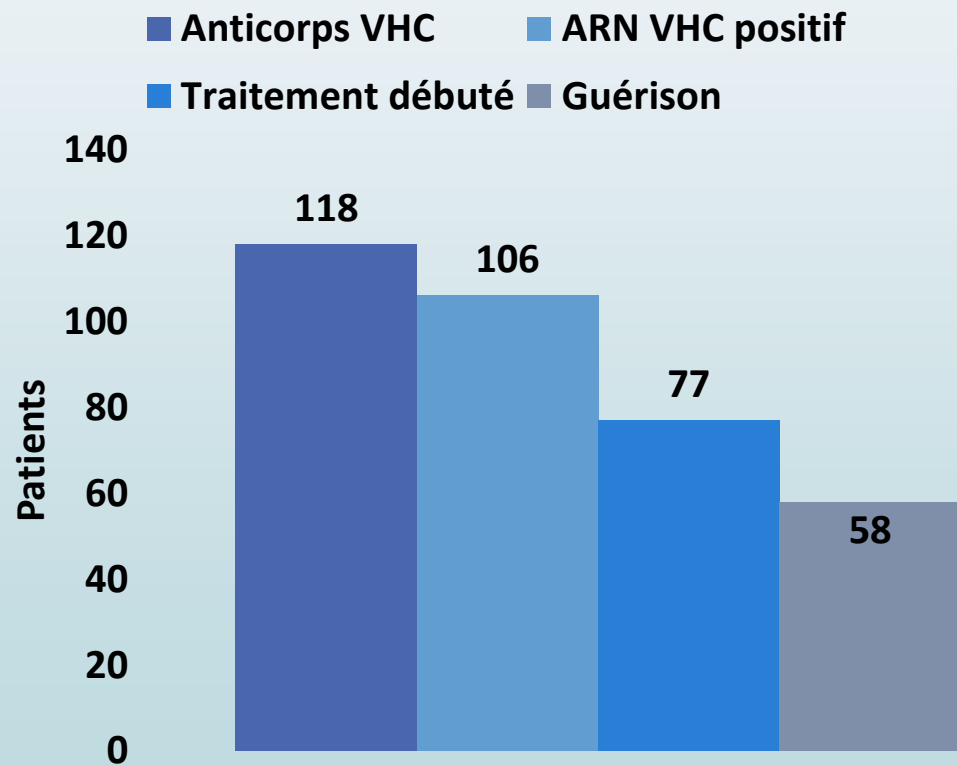
Pays d'origine



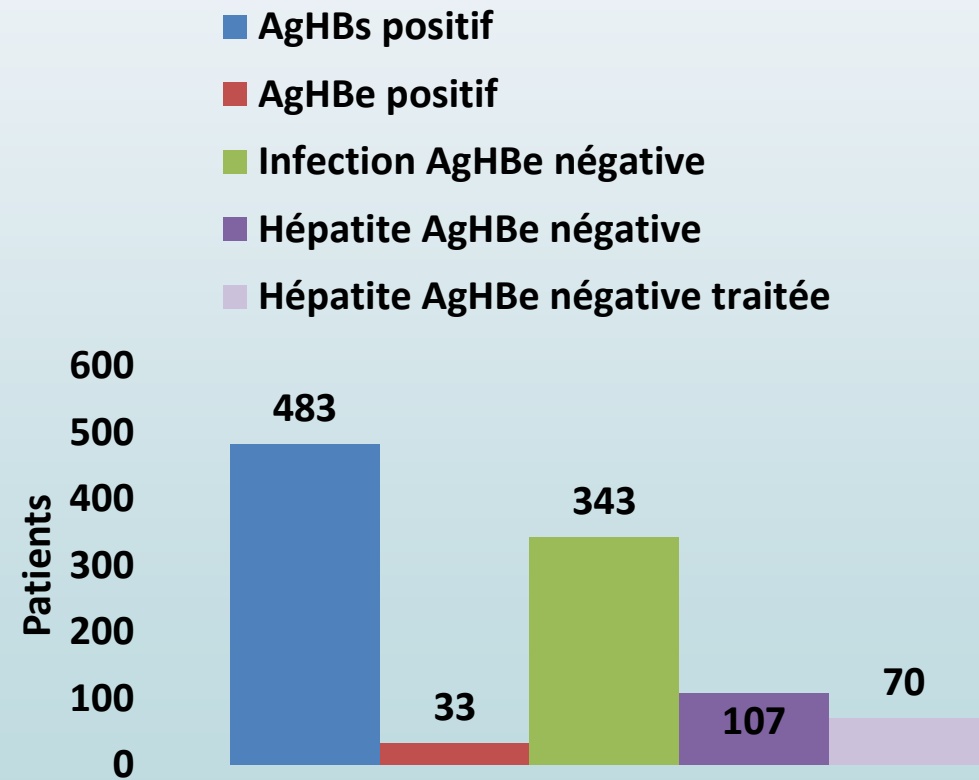
- Guinée (122),
- Georgie (69),
- Mali (57),
- Cote d'Ivoire (53),
- Sénégal (35),
- Bulgarie (27),
- Cameroun (27),
- France (19).

- Temps médian entre l'arrivée en France et la première consultation
158 jours (extrêmes: 2 – 14829).

Cascade élimination VHC (118)



Cascade élimination VHB (492)



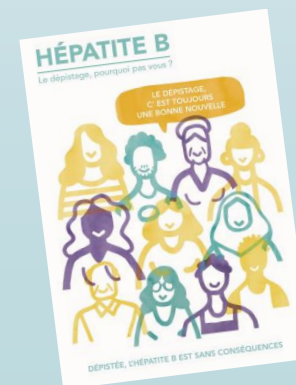
CHU Sans Hépatite Virale

- **Soignants**

- Partenariat avec le CHU et la médecine du travail
- Campagne d’affichage dans les services
- BMSHV@chu-bordeaux.fr

- **Patients**

- Adresser les patients avec un ATCD d’hépatite virale ou nouvellement dépisté
- Avis ou consultation
- Déploiement du projet sur les 3 sites du CHU, dans chaque service avec affichage laissé



Hôpital Charles Perrens Sans Hépatite Virale

- Centre hospitalier spécialisé
- Convention entre les 2 hôpitaux
- Relais des médecins somaticiens
- Dépistage proposé à tous les patients entrant par les urgences

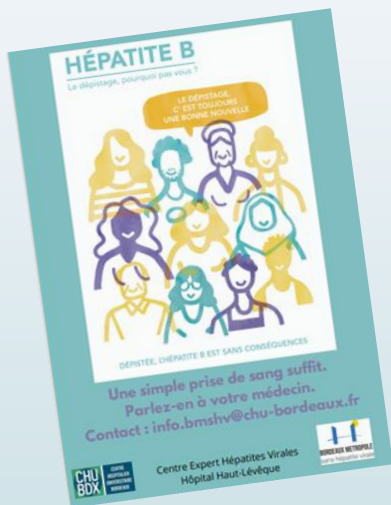


Un projet commun en 2022

Une sérologie VHC positive?

Un mail à info.bmshv@chu-bordeaux.fr

RDV dans les 15 jours sur un créneau prioritaire le vendredi matin.



BMSHV



@bmshv33



@BMSHV33



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<https://www.bmshv.fr>

