

SASHA: Equipe de Soutien, d'Accompagnement et de Soins pour les personnes porteuses d'une Hépatite C

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INTRODUCTION

- High prevalence of HCV among injection drug users (IDUs)
- WHO: Test, treat, eradicate hepatitis C by 2030
- Little access to information for IDUs
- Disconnection of IDUs from health and social services
- Mental health problems: depression, psychosis, anxiety, post-traumatic stress
- Street life: substance abuse, discomfort, theft, violence, extortion...

AIM

- Provide access to information for IDUs
- Avoiding new infections
- Enabling access to testing
- Enabling easy access to treatment
- Ensure compliance with treatment
- Avoiding reinfections

METHOD

- SASHA service integrated within a **DAMSI** (Dispositif d'accès au matériel stérile d'injection): **Service l'Echange**
- Creation of **trust and motivation** within the framework of a life project
- **Multidisciplinary team:** Gastroenterologist, general practitioners, nurse, social worker
- Help to **restore** insurability
- **Comprehensive care** in the DAMSI premises
- **Free and anonymous screening**
- Additional blood test in the DAMSI (quantitative PCR HCV, viral genotype)
- **Hepatologist in the DAMSI**(Fibroscan ®)
- **Personalized care pathway** for the patient
- **Risk reduction and access to sterile material:** avoid primary infection and reinfection
- Continuation of the care pathway after treatment: general practitioner, dentist, maintenance of health insurance, gynecology, substitution treatment,...
- Mobile team

RESULTS

L'Echange



- Low-threshold reception and harm reduction services:
- Exchange of consumption material (free and anonymous)

2021
217 users
1,998 exchanges
26,000 syringes distributed

SASHA

- Distribution of harm reduction materials
- Building trust
- Access to information

- Dépistage gratuit par TROD
- Help to **restore** insurability

- Complete blood analysis (PCR quantitative, viral genotype,...)
- Consultation hepatitis: Fibroscan®

- Development of the treatment pathway
- Start treatment

- Personalized delivery of the treatment
- Post-treatment follow-up: Follow-up (PCR, Risk reduction,...)

2021	
Screenings	41
PCR HCV	31
Patients at hepatitis consultation	24
Started treatment	16
Post-treatment follow-up	35

CONCLUSIONS

IDUs are at risk of contracting HCV because of their drug use practices. Information about risk reduction methods is essential to avoid new infections or reinfections after treatment.

Comprehensive and streamlined management within a DAMSI removes barriers to treatment initiation.

Patients **no longer have to go to the hospital** and are in a **place of trust** with a team that the patient feels comfortable with.

The intensive and personalized follow-up helps with treatment initiation and compliance.

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