

Feasibility of hepatitis C virus screening in community pharmacies: a Swiss pilot

Hepatitis C virus screening in community pharmacies: results on feasibility from a Swiss Pilot
Stämpfli et al. *BMC Infectious Diseases* (2023) 23:384

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Training Program: Screening Procedure

1. Identification of at-risk groups

- Drug use
- Migration background
- Birth year 1950 – 85
- Tattoos, piercings or manicure, pedicure under poor hygienic conditions
- Receiving blood transfusion before 1992
- Men who have sex with men
- Medical intervention in emerging or developing countries
- Hepatitis infection of the mother at birth

2. Approaching

- Appropriate, individualised addressing of potential risk
- Use of standard formulations
- Ask if there is interest in free screening
- Offer information material such as flyers from Hepatitis Switzerland

3. Informing

- Disease, infection, consequences
- Past and current treatments
- Screening procedure and follow-up



Counselling Room

5. Test results & Triage

- Screening interpretation
- Short term consequences
- **Negative:** Offer additional screening after risk situation
- **Positive:** Patient referral to the general practitioner or medical specialist for further diagnostic procedures and potential antiviral therapy initiation

4. Carrying out the test

- Considering hygiene regulations
- Application of oral liquid antibody test according to product specification [OraQuick® HCV]
- Tests were sponsored for patients & pharmacies

6. Documentation

- **Patient:** receives test result with method description, next steps according to triage if necessary
- **Pharmacy:** case documentation with patient information for follow-up as well as procedures and involved specialists; notes for sponsored remuneration

7. FollowUp

- **Positive:** 2-5 days after the appointment with the general practitioner or specialist; Support therapy initiation and adherence
- **Negative:** Offering additional screening after future risk situations

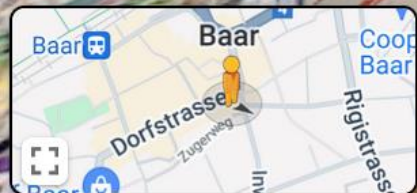


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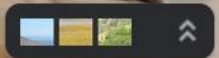


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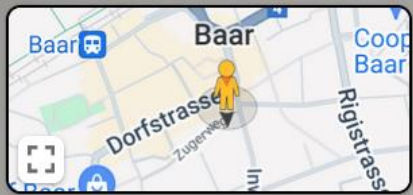
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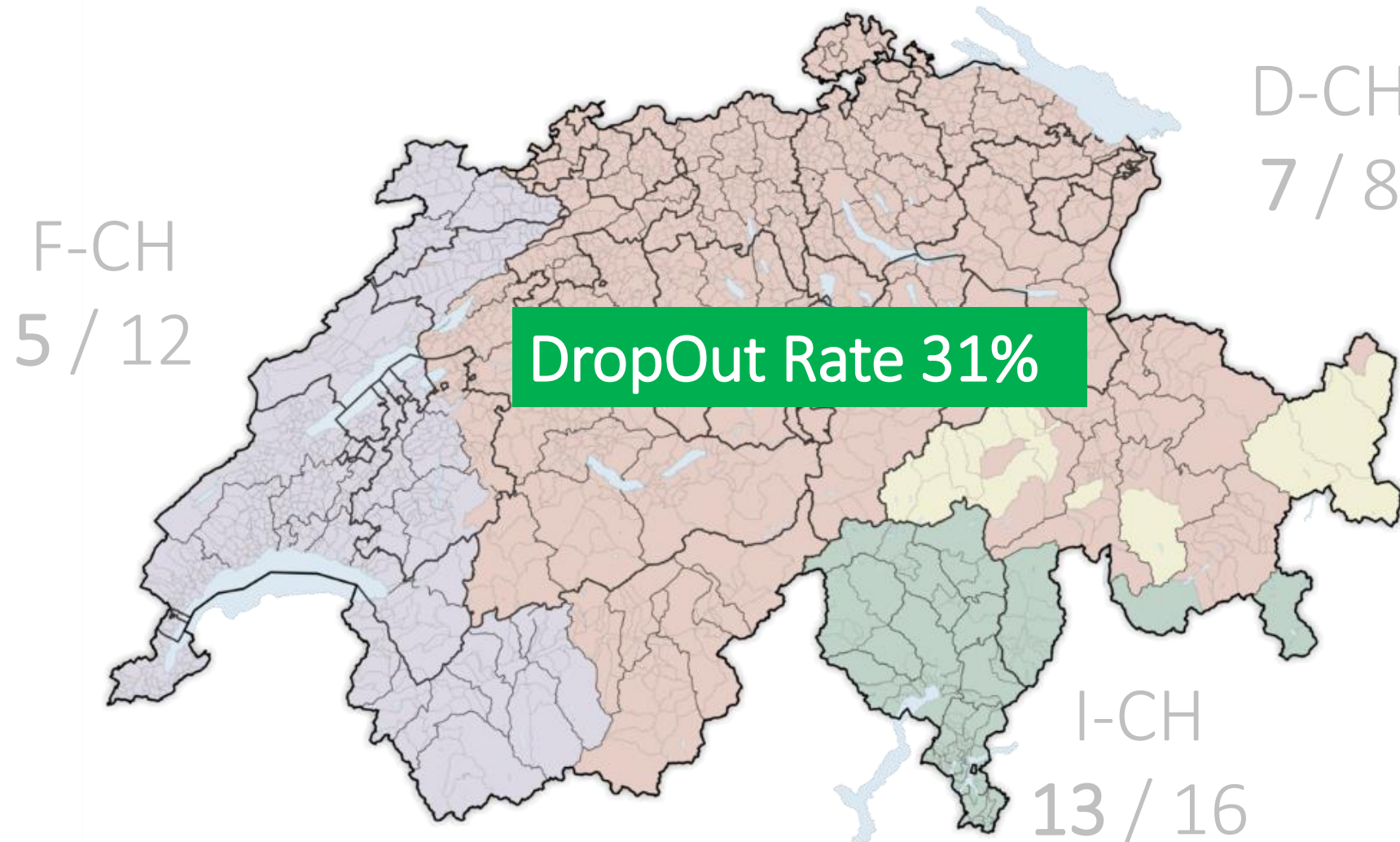


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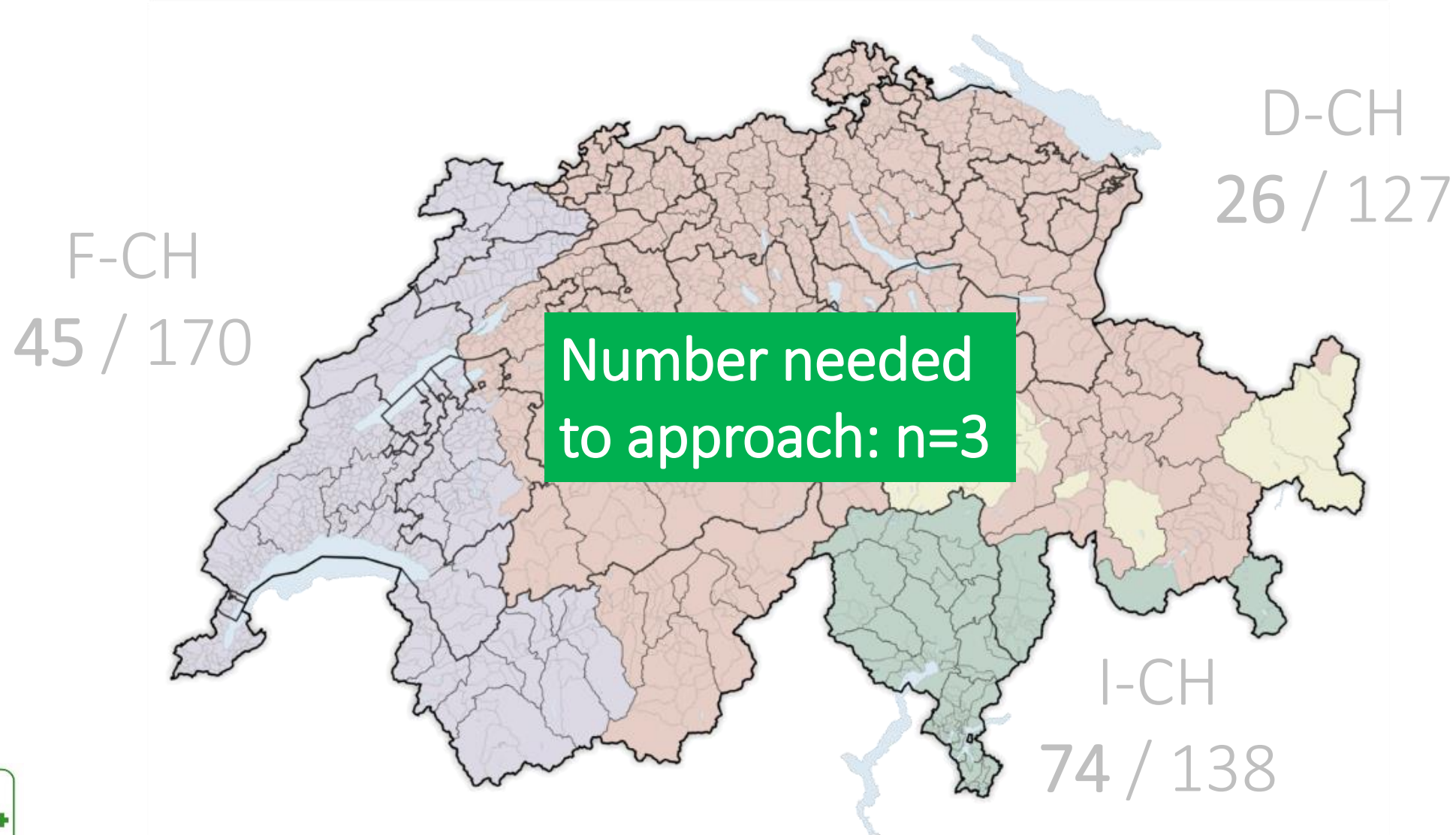


Pharmacies participated vs recruited [n=25 / 36]

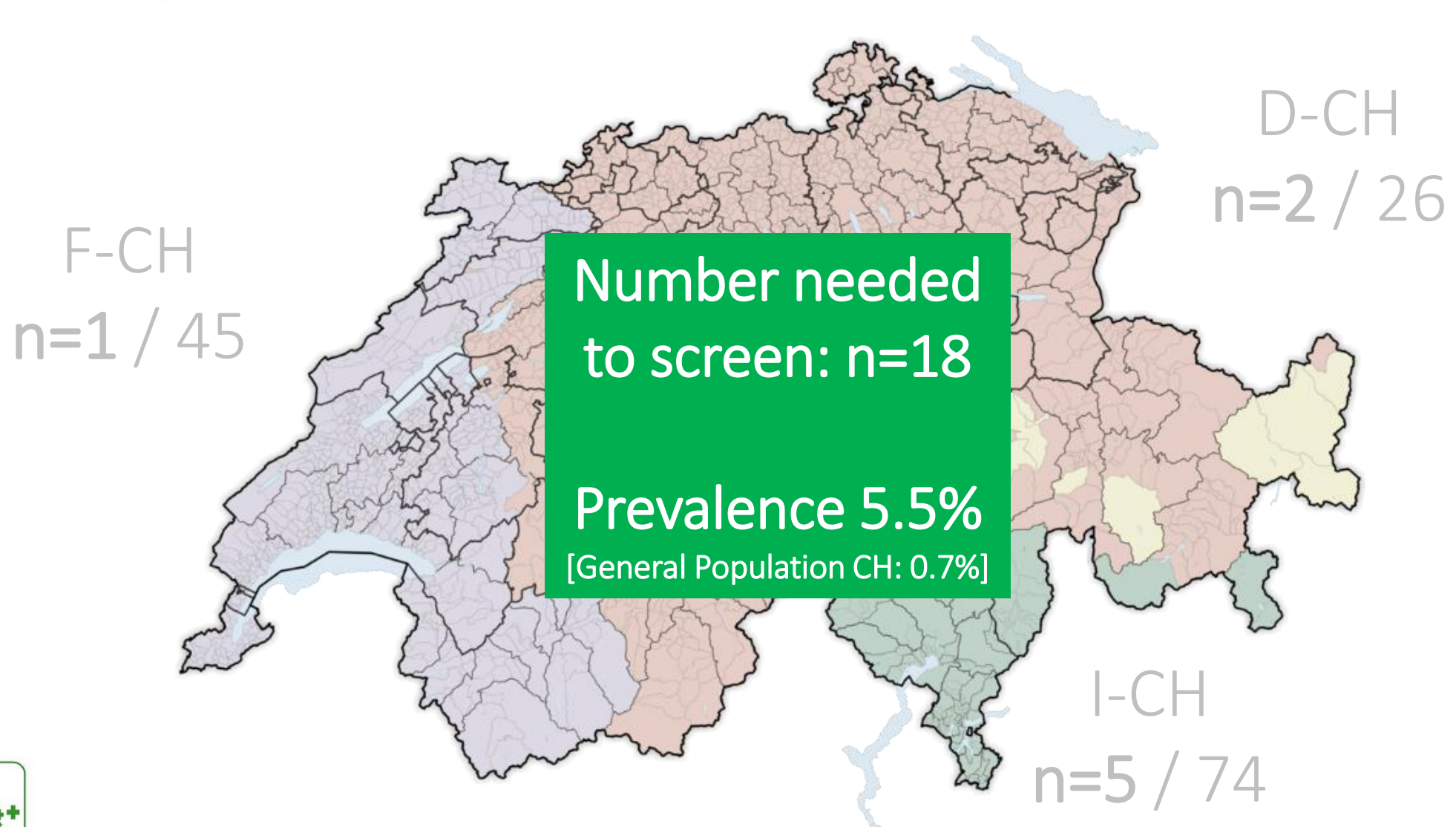
[Conceptualisation: Feb / March 2021, Carrying out: April – September 2021, Evaluation: October / November 2021]



Patients screened vs approached [n=145 / 435]

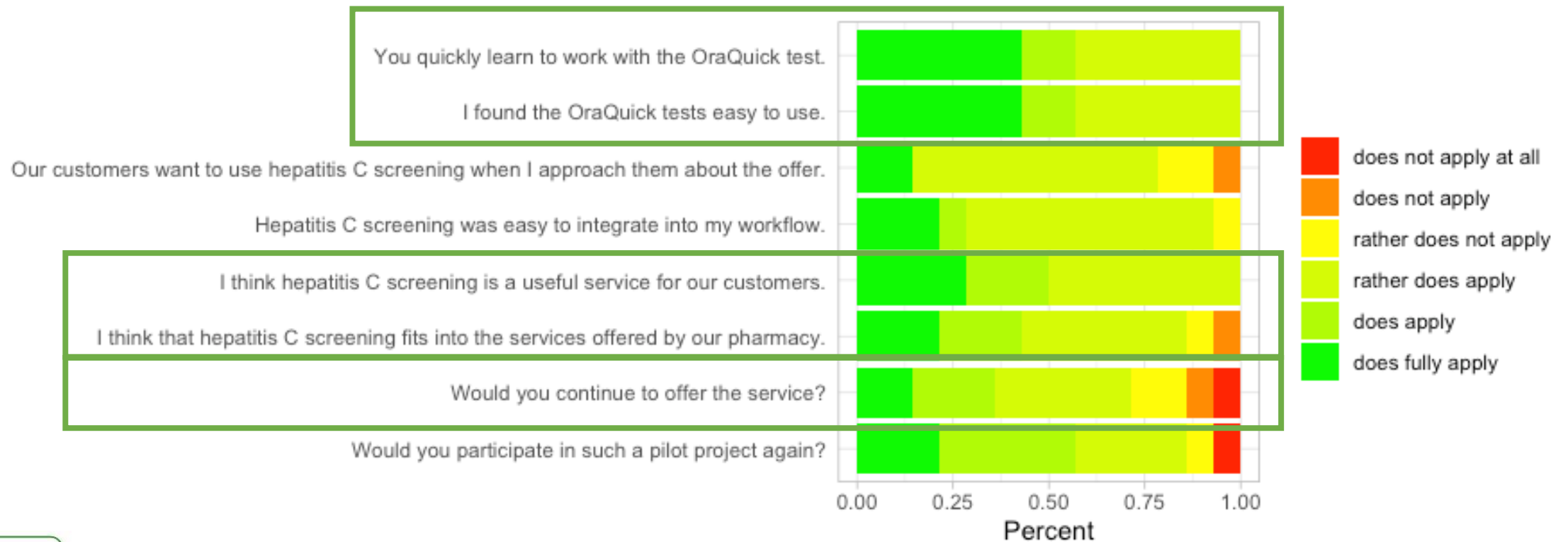


Patients with positive OraQuick® Test [n=8 / 145]



Service Evaluation: Acceptability, Appropriateness & Feasibility

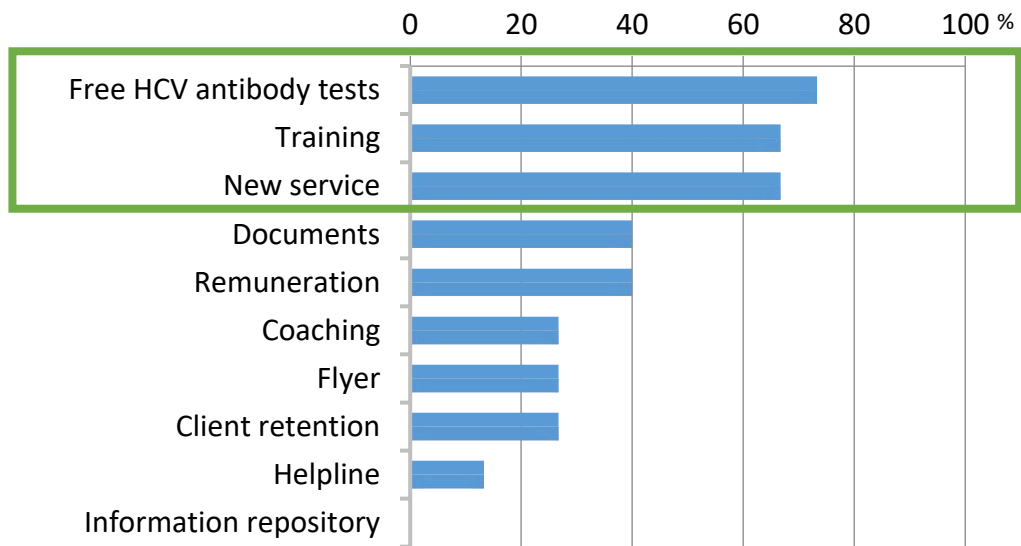
[pharmacies: n=15, missing data: n=10]



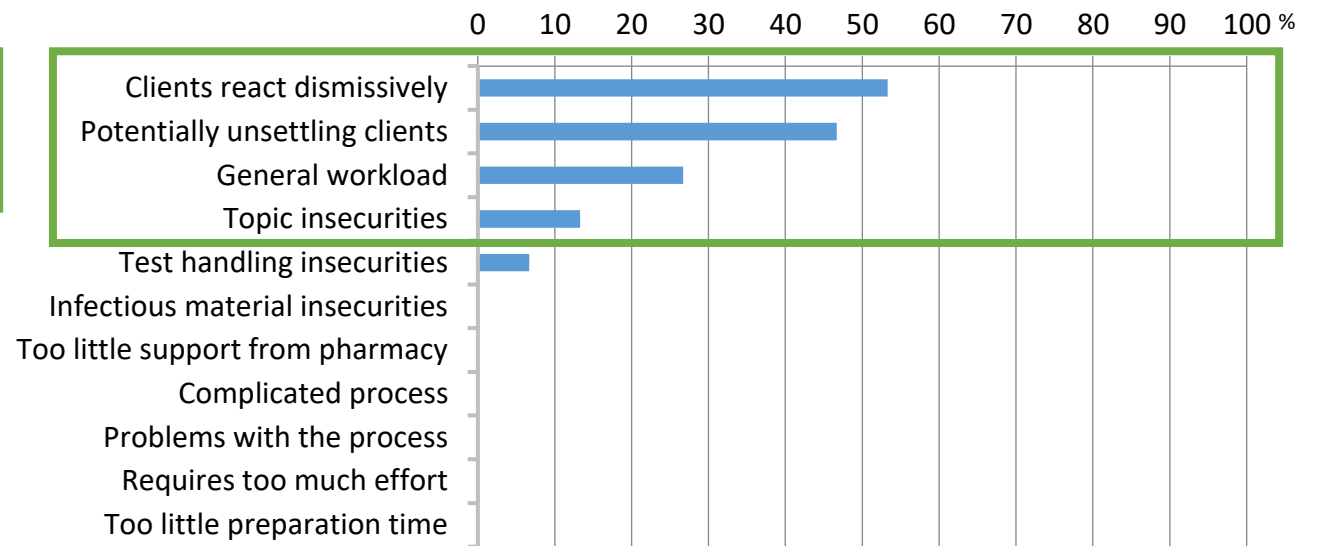
Service Evaluation: Facilitators & Barriers

[pharmacies: n=15, missing data: n=10]

Facilitators



Barriers



Limitations / Conclusion / Outlook

Limitations

- Moderate **response rate** to evaluation questionnaires
- Missing interest in additional focus group
- **Dropouts** due to extensive workload caused by pandemic situation

Conclusion

The pilot study demonstrated **feasibility** of a remunerated community pharmacy-based HCV screening service

- Approaching specific at-risk groups requires training of the service to address **careful communication strategies**

Potential Next Steps

Ensure screening, diagnostic and treatment through seamless pharmaceutical care

- **Interval screening** in pharmacies with high prevalence of risk groups
- Create **interprofessional settings** involving infectious disease specialists and their diagnostic options
- **Address adherence** issues (initiation & discontinuation) with valid interventions



Dreams – From Testing to Treatment Initiation

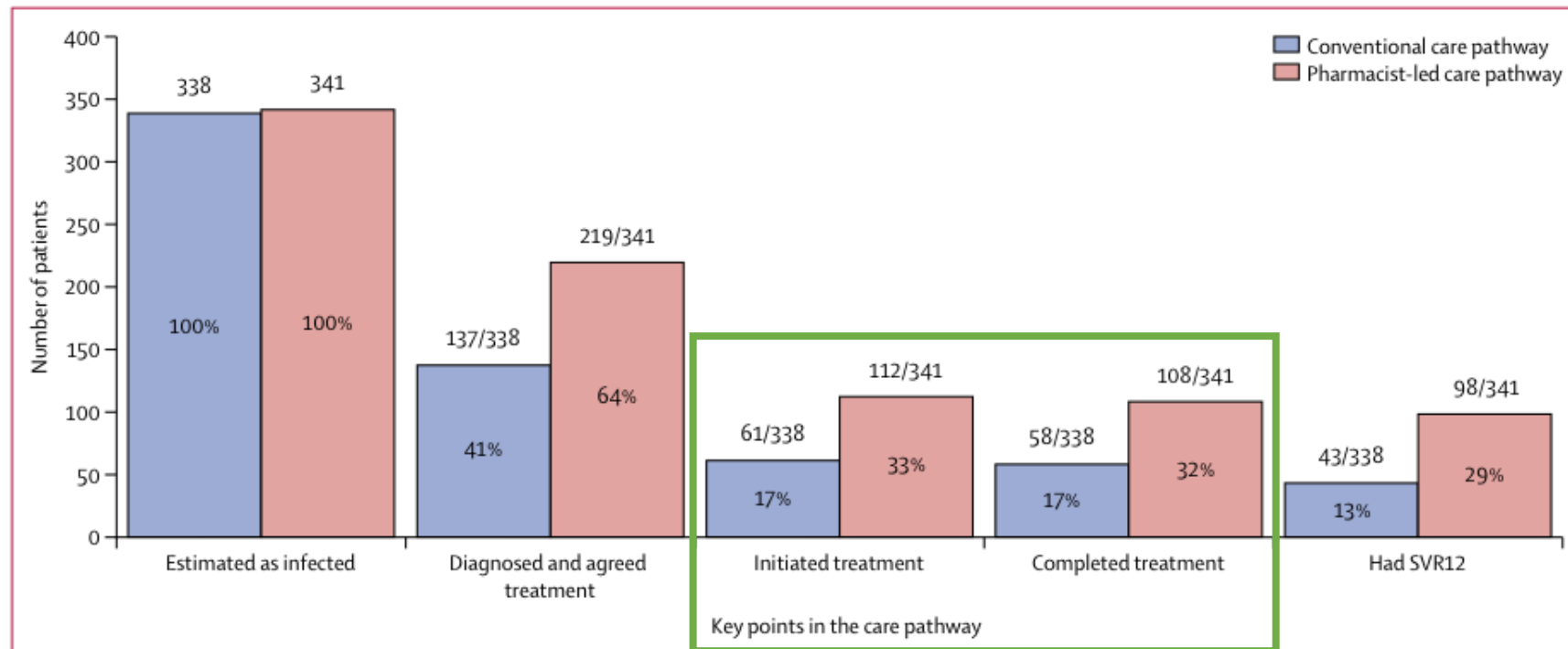


Figure 3: Progress of participants to SVR12 through the cascade of care

SVR: sustained virological response 12 weeks after completion of treatment

Radley A, de Bruin M, Inglis SK, et al. Clinical effectiveness of pharmacist-led versus conventionally delivered antiviral treatment for hepatitis C virus in patients receiving opioid substitution therapy: a pragmatic, cluster-randomised trial. *The Lancet Gastroenterology & Hepatology*. 2020;5(9):809-818.



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