

# Rapid hep C point-of-care RNA testing and treatment at an integrated supervised consumption service in Toronto, Canada

Bernadette Lettner  
Treatment Nurse  
Toronto Community Hep C Program



TORONTO COMMUNITY  
**HEP C PROGRAM**




South Riverdale  
**COMMUNITY**  
HEALTH CENTRE



# Acknowledgement and Gratitude



 **COUNTERfit**  
keepSIX 855  
SUPERVISED  
CONSUMPTION  
SERVICES

**DRUGS  
ARE  
LEGAL**

**THROUGH THAT DOOR**

- safer place to use
- anonymous, confidential, drop-in
- comfy chill space with snacks and tunes
- fix, snort, pop pills, etc. – sorry, no smoking!
- overdose prevention & naloxone distribution
- BYOD (Bring Your Own Drugs)

 *We keep six while you fix!*



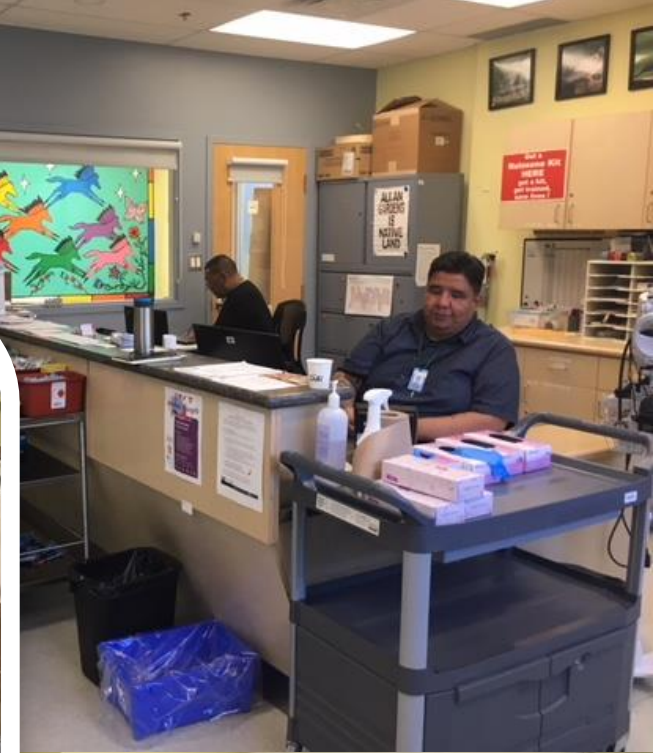
# Disclosures

- Gilead Sciences Canada
- In-kind support from Cepheid

# Study Objective

- Feasibility of point-of-care RNA testing
- Eligibility: People who inject drugs at keep6 and are not on HCV treatment
- Repeat testing every 3 months for one year, with a final survey at end of protocol





# Study Participants (n=125)

Male	66%
Age (mean)	41 years
Unstable or no housing	73%
Daily injection drug use	68%
Drug injected most frequently	Fentanyl = 50% Crack/Cocaine = 20% Heroin = 14% Prescription opioid = 9% Crystal Meth = 5%
No past history of HCV testing (no/don't know)	32%
Received test results same day	100%

# Preliminary Results

- Of valid baseline tests: 42% (N=48) were RNA+
- 42 have started additional treatment assessments
  - 2 acute clearance
  - 29 treatment starts with TCHCP
  - 25 SVR
    - 1/29 viremic post-tx
- 7 seroconversions (- →+) during f/u testing
  - one spontaneous clearance following seroconversion
  - 5 treated and achieved SVR
- 10 known deaths

# Challenges and lessons learned

- Post-test counseling needed beyond the initial test result
- Staff with lived experience of HCV, ongoing access to HCV treatment nurse within the SCS, facilitate linkage to care
- Treatment uptake continues to be limited by drug access (need for chronicity)
- Unexpected benefits: increased use of the SCS, engagement in health care beyond HCV testing



# Viral interruption: COVID 19 Pandemic

- Research suspension
  - Disruptions to service interrupted care and follow up
- Decreased access to SCS
  - Decreased capacity at sites
  - Screening and wait times
  - Fewer services – definitions of essential
- Staff pulled to other projects
- Cepheid redeployment to hospital for COVID POC testing

# Conclusion

- Offering POC RNA testing within an integrated SCS with onsite HCV care is a promising model for HCV engagement
- Immediate results with option for immediate engagement in care
- Support for incident infections



# Acknowledgments

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- Erin Mandel, Research Student, UHN
  
- Other TCHCP program sites: Sherbourne Health, Regent Park Community Health Centre, Parkdale Queen West Community Health Centre



