

HCV Testing and Treatment at Syringe Exchange Program in New York City During COVID-19

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Jeffrey J. Weiss, PhD, MS

Abigail Hunter, MPH, MSN, FNP-BC

Icahn School of Medicine at Mount Sinai
New York, New York, USA



Disclosure of Interest Statement

- Abigail Hunter – Gilead Advisory Board
- Jeffrey Weiss – No Disclosures

Background

- Innovative models of integrating HCV testing and treatment into syringe exchange programs are needed to effectively treat people who inject drugs.
- The COVID-19 pandemic has presented challenges in these efforts due to increased social isolation and reduced services.



In March 2018, New York State announced its commitment to eliminating hepatitis C as a public health problem in New York State (NYS). The announcement was followed by the allocation of \$5 million to implement new programs and activities that will lead the State towards elimination. In July 2018, NYS announced a strategy for hepatitis C elimination, including the establishment of a Hepatitis C Elimination Task Force.

NY cures **HEP** 

VOCAL + Mount Sinai Cures

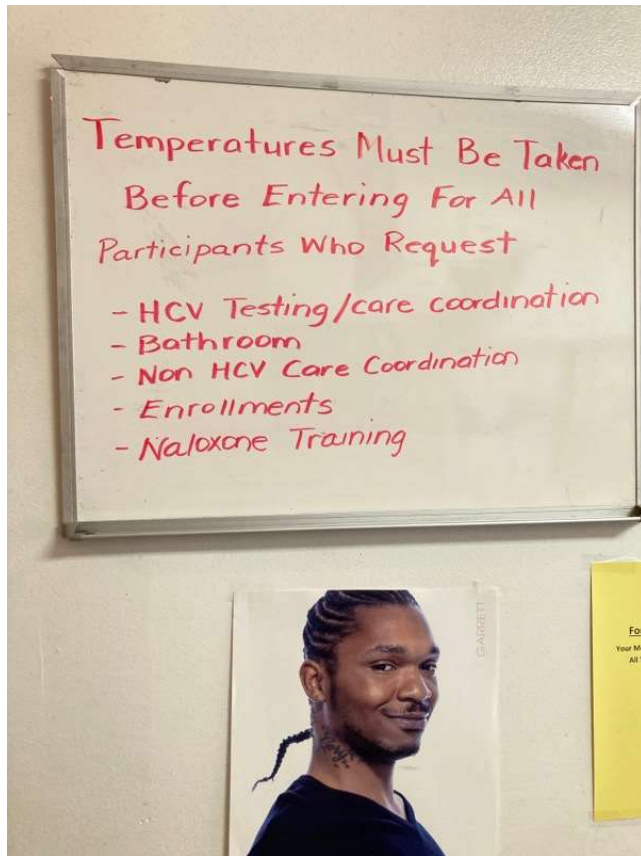
- Combining expertise of harm reduction agency + academic medical center (REACH Primary Care Program for PWUD & Institute for Liver Medicine)
- Onsite HCV Testing + Community Outreach as part of Peer-Delivered Syringe Exchange (PDSE) services
- Nurse Practitioner telemedicine model
- Care Coordination and Peer Services
- Incentivized HCV Treatment Cascade



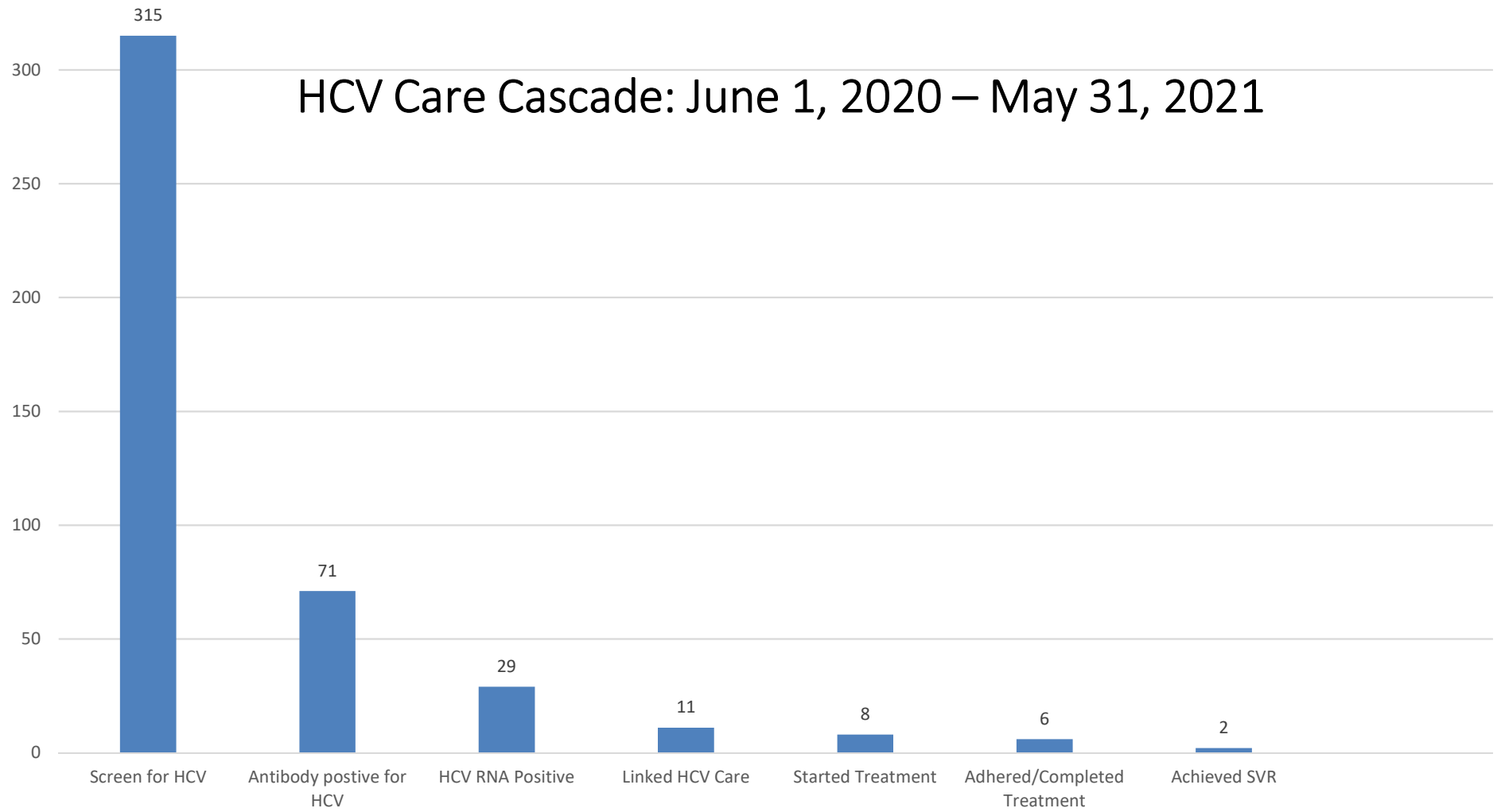
Description of model of care

- VOCAL-NY has been conducting point of care HCV testing since 2012 (antibody and dry blood spot RNA) and linking viremic persons to outside agencies for treatment
- A collaboration with Mount Sinai in 2019 expanded HCV testing and established hybrid onsite-telemedicine HCV treatment at VOCAL-NY.
- After stopping testing in mid-March 2020 due to COVID-19, HCV testing resumed in June 2020.
- HCV treatment has been offered to viremic clients via telemedicine by a nurse practitioner working with a care coordination team.

HCV Testing During COVID-19



HCV Care Cascade: June 1, 2020 – May 31, 2021



Challenges

- HCV is often low on client priority list (housing instability, food insecurity, active substance use) and not overcome by incentives
- Clients are often not engaged in medical care and have distrust of health care providers
- Integrating medical approach into harm reduction, peer-driven model of services
- Clients often have no stable phone number or address
- High turnover of clients in community outreach sites visited by peer-delivered syringe exchange team

Strategies to Overcome Challenges

- Flexible Model of In-person & Telehealth Services (HCV, Primary Care, Liver Specialty Care) tailored to client needs and preferences
- Nurse Practitioner joining outreach team
- Providing Telephones to clients on treatment
- Intensive peer engagement of clients
- Escorting clients to local labs for blood draws
- Physical clinic at syringe exchange program to open in late 2021

VOCAL + Mount Sinai Cures Team

- Amanda Clay, Kastalia Medrano, Nathaniel Taylor
- David Kalinoski, MPH, MSW
- Arash Diba, LMSW
- Linda Wang, MD
- Ponni Perumalswami, MD



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