

TREATING PEOPLE WHERE THEY ARE: NURSE-LED HEPATITIS C (HCV) MICRO-ELIMINATION PROJECT FOR NETWORKS OF PEOPLE WITH RECENT INJECTING DRUG USE IN VICTORIA, CANADA

Cool Aid Community Health Centre

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Disclosure of Interest:

- Abbvie Corporation
- Gilead Sciences
- Merck Canada



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Introduction to Victoria Cool Aid Society:

- Non-profit society in Victoria, BC, Canada (population 368,000)
 - 3 Shelters
 - 13 Supportive Housing Facilities
 - Resource Employment Education Services (REES)
 - Downtown Community Centre
 - Dental Clinic
 - Health Centre with 4700 primary care patients (18% HCV+, 5% HIV+)

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Exciting Announcement:

- MARCH 2018 – British Columbia Provincial coverage for HCV treatment is no longer dependent on a FibroScan result of F2 or greater
- COVERAGE FOR ALL!
- Micro-elimination best strategy to pursue in this context



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Housing First:

- 13 supportive Cool Aid housing sites gave us a unique opportunity to treat individuals where they live
- February 2018 to December 2018 - nurse-led “seek & treat” micro-elimination project



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Housing First:



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Seek & Treat:

- Onsite education of housing support staff
- Recruitment of residents and their contacts
- Client education
- Onsite pretreatment clinics - HCV OraQuick antibody tests and pretreatment bloodwork
- Behind the scenes



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Treatment:

- Visits to supportive housing sites with results of serology and individualized treatment plans
 - Daily pick-ups with OAT
 - Weekly blisterpack delivered by RN to housing staff
 - Weekly blisterpack delivered by RN to client
 - Sharing network clients that were homeless were harder to follow up
- Clients and their sharing networks within each housing site were started on HCV treatment on the same day (micro-elimination strategy)

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Incentives:

- Cash incentives of \$5 were provided for the return of the previous weeks blister pack
- Cash incentives of \$30 were provided for HCV EOT bloodwork and HCV SVR bloodwork



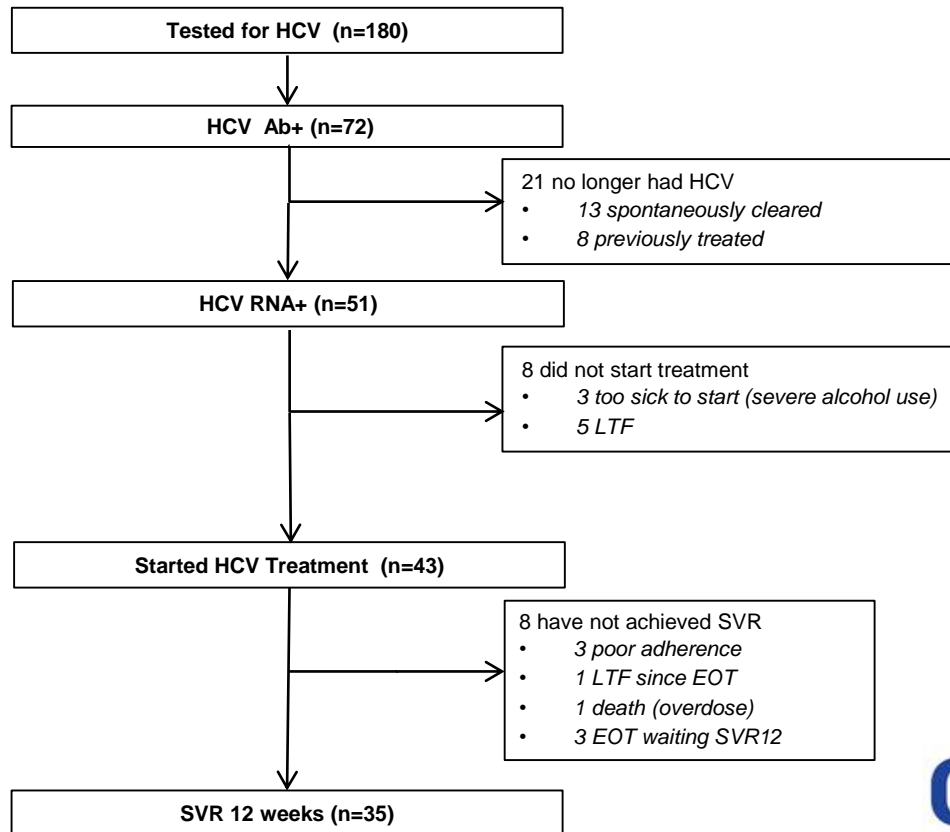
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Demographics:

HCV MICRO-ELIMINATION PROJECT	DATA N=43
Gender	Female: 15 (35%) Male: 28 (65%)
Genotype	1:24 (56%) 2:1 (2%) 3:18 (42%)
Medication	Epclusa: 38 (88.4%) Epclusa + riba: 1 (2.3%) Zepatier: 4 (9.3%)
History of IVDU	40 (93%)
Recent IVDU (at time of treatment start)	26 (60%)
Opioid Substitution Therapy	18 (42%)
HIV Co-Infect	4 (9.3%)
Reinfection	4 (9.3%)

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Outcomes:



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Project Successes:

- Excellent medication adherence
- Increased engagement in primary care
- RN staff have strengthened outreach relationships
- Peer involvement and ‘word of mouth’ has helped reduce stigma associated with HCV and increased treatment uptake
- Increased client confidence to pursue other hopes/dreams



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Project Successes continued...

- Immunizations and STI screening and treatments were incorporated into visits
- Two individuals were enrolled in the provincial PrEP program
- Harm reduction strategies/reinfection risks reinforced



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Project Challenges:

- Chaotic testing environment
- Group screenings
- Complex comorbidities
- Length of HCV treatment
- OraQuick HCV antibody tests were found to be less effective in chaotic screening environments
- Intensive case management
- Changes within the supportive housing sites



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Lessons Learned:

- Access to dry blood spot testing
- Peer recruitment and peer mentors are essential for treatment uptake
- Incentives work
- Reinfection will happen



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Conclusions & Next Steps:

- This nurse-led micro-elimination model of care can decrease the local HCV burden and reinfection risk in people who inject drugs and can be used as a model of care for nurses in other communities
- Simplifying access by streamlining laboratory testing and medication access is necessary
- We hope to inspire more ambitious and targeted efforts towards treatment of HCV as prevention

THANK YOU

Questions?