

Treating People in COVID-19
Sheltering Sites: Nurse-led Hepatitis C
(HCV) Micro-elimination Project
during Dual Public Health
Emergencies for People who Inject
Drugs (PWID) in Victoria, Canada

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Disclosure of interests:

Dr. Fraser and CACHC reports grants from Kirby Institute, Abbvie, Gilead, Merck, and ViiV.

World Health Organization 2030 Goal

HCV eliminated as public health threat by 2030¹:

71 million people living with chronic HCV infection throughout the world

~1.75 million new cases in 2015

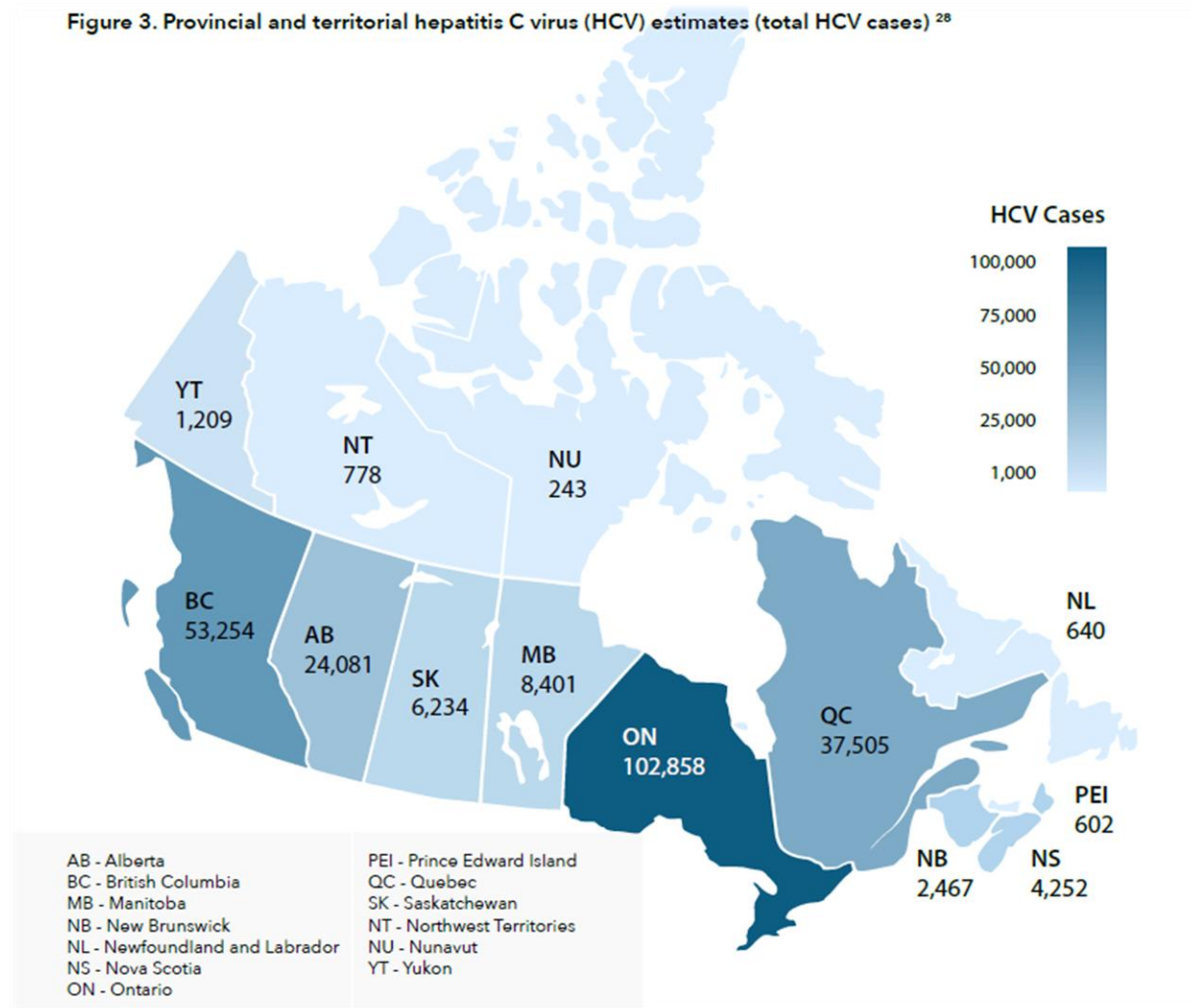
Canada:

~250,000 living with chronic HCV infection

Over 178,000 not yet treated

Over 50,000 untreated in British Columbia

Figure 3. Provincial and territorial hepatitis C virus (HCV) estimates (total HCV cases) ²⁸



1. WHO. Global Health Sector Strategy on Viral Hepatitis. 2016-2021. 2016.

Figure: The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. Blueprint to inform hepatitis C elimination efforts in Canada. 2019.



CoolAid Community Health Centre

Key features of the CACHC service model:

- Multidisciplinary, inner-city, primary care clinic
- HIV, mental health and substance use care
- HCV screening, linkage to care and treatment
- Equity-based, harm reduction framework, striving to provide culturally safe, competent, flexible, low barrier access to care.
- **Nurse-led 'Seek & Treat' HCV micro-elimination programme**
 - Targets typically 'hard to reach' populations in VCAS housing (CITE), shelters, local OAT pharmacies (EPIC), and COVID sheltering sites

The Victoria Cool Aid Society is a non-profit organisation acting to end homelessness. The clinic provides healthcare to over 5000 people experiencing homelessness, mental health issues, infectious disease, problematic substance use and chronic illnesses

Housing



Currently houses 550+ people in Greater Victoria who were previously homeless

Shelters



4 shelters: 165 beds, meals, wellness programmes, harm reduction and counselling

Health & Dental



Cool Aid Health Centre: inner-city, primary care medical practice

Support



Recreation, employment & volunteer jobs, holiday meals, education, referrals, paperwork help



COVID-19 - Closing of Shelters

March/April 2020 Provincial order to relocate homeless folks living in encampments into hotels.

Sheltering Sites

Tremendous potential for treating HCV

- Housing leading to stabilization
- Opportunity to build rapport with clients who have not accessed services prior.
- Medical staff onsite
- Opportunity for micro-elimination of HCV in hotels.

Client Demographics and Characteristics at COVID-19 Sheltering Sites (October 2020)

Construct	N	%
Age (in years)	Mean = 40.5	
Gender		
Female	164	39.6
Male	250	60.4
Comorbidities		
Asthma/COPD/Bronchitis	64	15.5
FASD/Traumatic Brain Injury/OBS/stroke	60	14.5
Chronic Pain	120	29.0
Dental Pain/issues	53	12.8
Cellulitis	140	33.8
HIV status		
Living with HIV	11	2.7
Newly engaged in care	3	
Documented Mental Health Issue	265	64.0
ADD/ADHD	50	12.1
Anxiety	112	27.0
Depression	117	28.2
PTSD	90	21.7
Complex MH (Psychosis (including drug-induced), Borderline, delusional, conduct disorder)	117	28.3
History Injection Drug Use	200	48.3
Recent Substance Use (excluding cannabis, alcohol, tobacco) last 6 months	319	77.1
Recent Substance Use		
Opiate	257	62.1
Crystal Meth	233	56.3
Multiple substance use	205	49.5
Injection Drug Use	158	38.2
Inhalation	222	53.6

Of the 157 residents
at sheltering sites
who had been
exposed to HCV
(antibody +)

Hepatitis C Treatment at Sheltering Sites

5 (3%) AB+ unk RNA (no blood work available)

27 (17%) treated before COVID

35 (22%) spontaneous cleared

6 (4%) currently on treatment

2 (1%) died while on treatment

26 (17%) treated awaiting SVR

33 (21%) treated with SVR

23 (15%) remain untreated

Hepatitis C
Treatment at
Sheltering
Sites

65 treatment starts!!!



Housing supports:

Stabilization

Increased engagement with medical and support teams
HCV screening and treatment outcomes

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Thank you!