

COMMUNITY OUTREACH EVENTS – ENGAGING THE DISENGAGED

Holeksa J¹, Alimohammadi A¹, Truong D¹, Conway B¹

¹Vancouver Infectious Diseases Centre

Background:

The prevalence of HCV infection among people who use drugs (PWUD) in Canada is about 70%, the highest prevalence among any risk group in the country. However, PWUD are also broadly disengaged from healthcare services. Traditional healthcare models in which patients present to care and initiate testing of their own accord will likely not be effective in this population. We must develop outreach models to identify these individuals in the community and actively engage them in care.

Description of model of care/intervention:

Our centre has developed the community pop-up clinic (CPC), in which point-of-care HCV antibody testing is provided at community-based sites where PWUD obtain services such as emergency lodging, food and rehabilitation consultations. Once an individual is identified as infected with HCV, an effort at immediate and durable engagement in care is undertaken, with the goal of providing HCV therapy and follow-up post-treatment to establish treatment outcome.

Effectiveness:

Between Aug-16/17, we performed 1283 tests. The mean age was 49, 906 were male, 435 were indigenous, 354 were homeless, and 273 were HCV+. Of 208 who were immediately consulted into care, 83 have been effectively linked to care at our centre in the short term. Of those, 51 have been initiated on HCV treatment, 30 have achieved the SVR time-point, and 28 of those have been cured of their HCV. This equates to 1 person per week who was otherwise disengaged from medical care now being initiated on treatment with a cure rate of 93%. A simple 3 hour/week intervention will potentially yield up to 4 new HCV treatment starts/CPC in patients who would otherwise remain disengaged from care.

Conclusion and next steps:

Novel models of care to identify and link individuals to care will be necessary to meet the needs of the broadly disengaged population of PWUD. Approaches such as the CPC will be needed to achieve the WHO goal HCV elimination.

Disclosures:

AA– Travel grants from AbbVie and Merck & Co.

JH – Nothing to declare

DT – Honoraria from Merck & Co.

BC – Grants, honoraria, travel funding, and advisory board positions with AbbVie, Merck & Co, Gilead Sciences, and ViiV.