PEER-LED POP-UP CLINICS IMPROVE HEPATITIS C CARE CASCADE OUTCOMES FOR PEOPLE AT-RISK FOR OR RELEASED FROM INCARCERATION IN BRITISH COLUMBIA, CANADA

Authors

Bartlett S[1,2], Korchinski M[3], Gallagher L[4], Ramji A[4,5,6]

[1] British Columbia Centre for Disease Control, Vancouver, Canada, [2] School of Population and Public Health, University of British Columbia, Vancouver, Canada, [3] Unlocking the Gates Services Society, Maple Ridge, Canada, [4] Pacific Gastroenterology Associates, Vancouver, Canada, [5] St Pauls Hospital, Vancouver, Canada, [6] Department of Medicine, University of British Columbia, Vancouver, Canada,

Background
Hepatitis C virus (HCV) continues to disproportionately affect populations experiencing social and structural marginalization, including people with criminal-legal system involvement. Community-based screening programs integrated with peer support are a promising strategy to improve HCV care access for this population. Unlocking the Gates (UTG), a peer-led organization supporting individuals after release from correctional facilities or on a probation or parole order in British Columbia (BC), developed a low-barrier HCV testing and linkage-to-care program for their clients.

Description of model of care/intervention
UTG implemented community-based "pop-up" HCV clinics in communities where UTG staff already support clients. The model combines peer outreach workers and a traveling nurse clinician. Clients are offered point-of-care HCV antibody testing, confirmatory blood work, and treatment assessment at the same visit. Results are returned approximately two weeks later through repeat community visits. Treatment initiation and adherence support are coordinated through remote physician oversight and ongoing local peer support. The model emphasizes low-barrier access, trust building, rapid testing, and "meeting clients wherever they are at".

Effectiveness
Among 144 antibody-positive individuals identified between October 2024-January 2026, 119 (83%) completed confirmatory testing (Figure 1). Forty-two individuals were HCV RNA positive, of whom 39 (93%) were successfully linked to care. So far, 50% of HCV RNA positive clients initiated treatment, and a further 14 are preparing to start therapy. This cascade demonstrates strong engagement after diagnosis, reflecting the impact of peer-supported follow-up and community-based care delivery.

Conclusion and next steps
Peer-led outreach integrated with mobile clinical services can achieve strong HCV linkage-to-care outcomes among people with criminal-legal system involvement. Scaling similar peer-driven, community-based screening models may accelerate HCV case finding and support elimination efforts among this underserved population. Expansion to additional communities and continued integration with social supports such as housing and income assistance may further strengthen treatment initiation and completion.

Disclosure of Interest Statement

Unlocking the Gates Services Society received grant funding from Gilead, AbbVie, and the British Columbia Provincial Health Services Society to support their hepatitis C screening and linkage to care project. SRB has spoken for and advised Gilead, AbbVie and Cepheid. SRB has received investigator-initiated research grants from Gilead, AbbVie, Pfizer, TD Bank Group, and Pacific Public Health Foundation via her institution.

Figure 1. Care cascade for hepatitis C virus (HCV) antibody point of care (POC) positive clients screened through Unlocking the Gates (UTG) Pop-Up Clinics from October 2024-January 2026