

FROM PAVEMENT TO PRESCRIPTION: LINKING HEPATITIS-C CARE THROUGH STREET OUTREACH

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Background:

Hepatitis C virus (HCV) elimination efforts struggle to reach marginalized populations, including people who use drugs and unsheltered individuals, who face significant barriers to accessing traditional healthcare. Left untreated, HCV contributes to liver-related morbidity and mortality, fueling public health challenges. To bridge this gap, Viral Elimination (VEN) Centers in Arizona developed a model combining “guerrilla” testing (street-based, high-risk area screening) with directed outreach to improve HCV detection and treatment initiation.

Model of Care:

VEN Centers' model operates outside traditional healthcare settings, using rapid HCV antibody tests in unsheltered encampments, harm reduction sites, and community hotspots. Positive cases receive confirmatory phlebotomy and telehealth consultations on-site, reducing loss to follow-up. A dedicated case management team navigates insurance barriers, coordinates medication access, and tracks patients without phones or stable housing. This one-visit, community-based model ensures immediate linkage to care. The approach is supported by collaborations with local organizations to enhance reach and effectiveness.

Effectiveness:

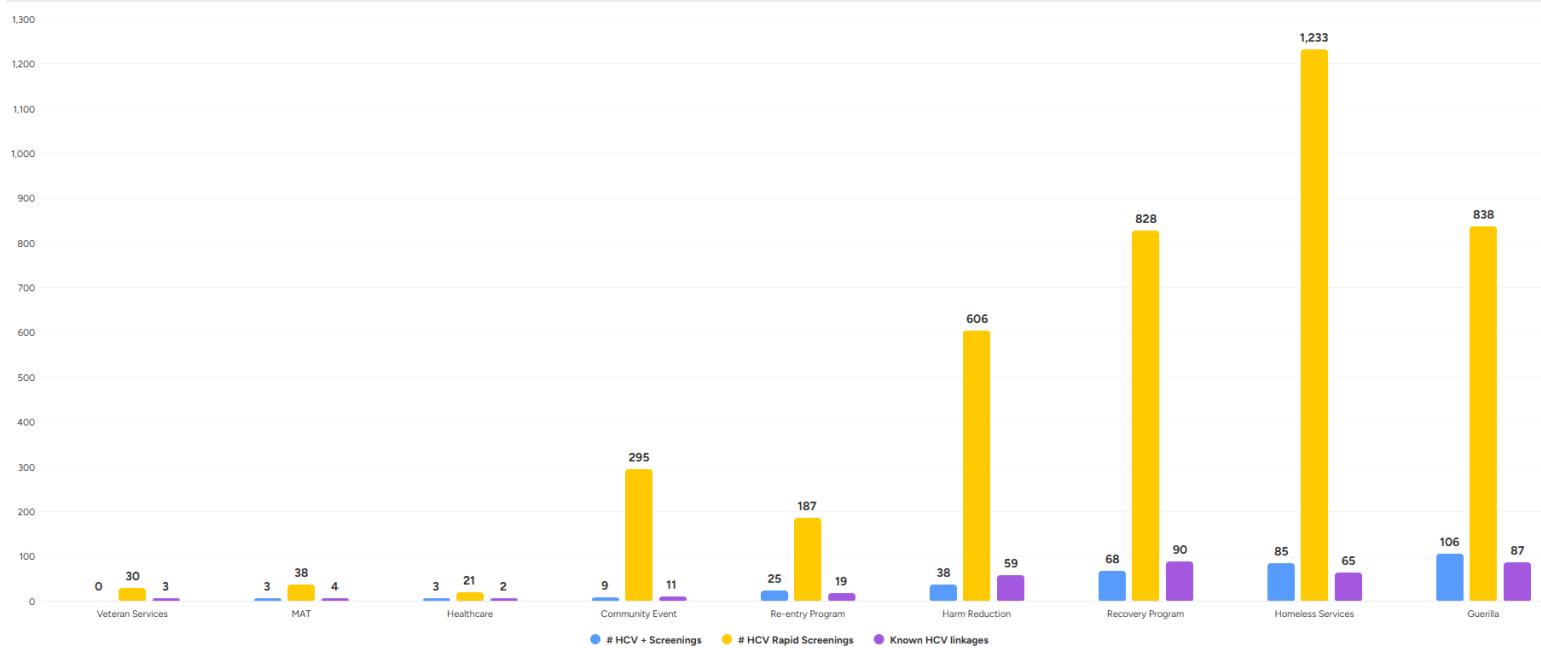
In 2024, VEN Centers tested 838 individuals through street-based guerrilla outreach, linking 87 known HCV cases and 106 newly identified cases to HCV care. Overall, 3,120 individuals were screened via all outreach efforts, identifying 530 new HCV-positive cases, with 70% initiating treatment. This approach reduced the average time from diagnosis to treatment initiation to 13 days. Case management was critical in minimizing loss to follow-up, particularly among unsheltered individuals and those without phones.

Conclusion:

VEN Centers' model demonstrates that flexible, field-based interventions can significantly improve HCV treatment initiation among hard-to-reach populations. This scalable approach supports global HCV elimination efforts, with future steps including rural expansion, integration of point-of-care RNA testing, and advocacy for same-day treatment initiation. The model's adaptability offers potential for replication in diverse settings facing similar public health challenges.

Table 1

HCV Outreach Screening by Site Type 2024



*The Authors have no Financial Disclosures related to this abstract.