CONFERENCE CAHR 2022

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Preliminary Outcomes of a Low Barrier Hepatitis C virus Testing and Linkage to Care Program Embedded within a Supervised Consumption Site in Vancouver, BC

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BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

I respectfully acknowledge that this project takes place on the sovereign lands of the xʷməθkʷəy̓əm (Musqueam), sel̓íl̓witulh (Tsleil Waututh) and sḵwx̱wú7mesh (Squamish) people.

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Conflict of Interest Disclosure: I have no conflicts of interest.

Providence HEALTH CARE How you want to be treated.

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Rationale + Objectives

Hepatitis C virus (HCV) is a chronic viral infection that impacts approximately 73,000 British Columbians[1]. Despite bearing an elevated burden of morbidity, linkage to health care and treatment remains poor among already under-served communities, particularly among people who use or inject drugs[2].

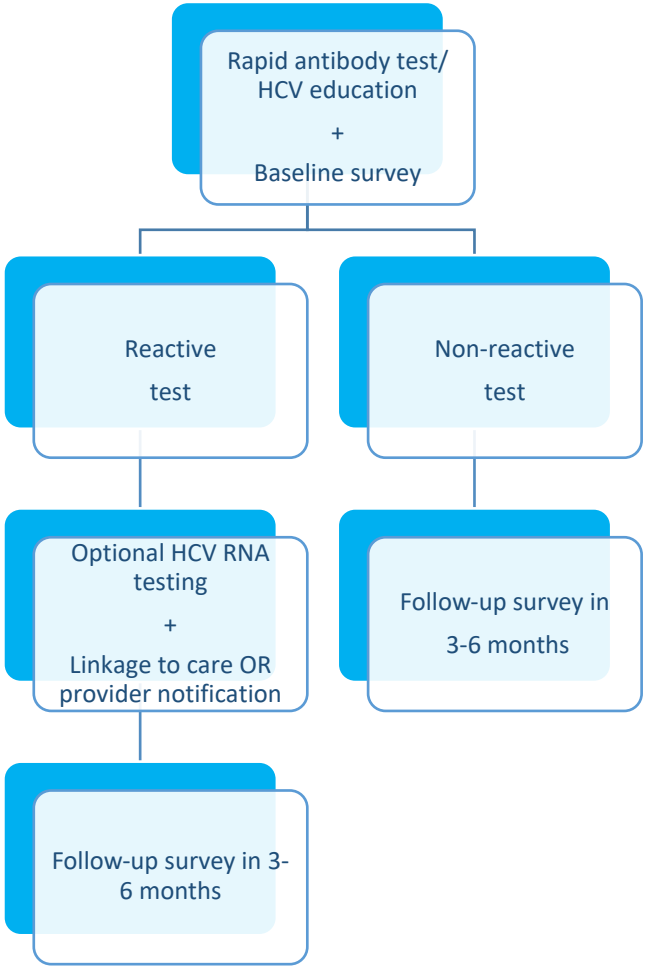
The ***Hep C Connect*** study was launched in October 2021 to monitor progress across the HCV cascade of care amongst a prospective cohort of supervised injection site clients with access to a new nurse-led HCV testing and linkage to care intervention. This program leverages the unique co-location of a supervised consumption site (SCS) with an integrated primary care clinic at the BC-CfE's *Hope to Health (H2H)* complex located in the Downtown Eastside of Vancouver.

From November 2021 to February 2022, all clients of the H2H SCS were offered a rapid, point of care HCV test, pre-and post-test counselling by a nurse, and confirmatory RNA testing (where appropriate). Those who test positive for HCV RNA and indicate no existing attachment to primary care are offered access to HCV treatment at the H2H primary care clinic. All Hep C Connect study participants completed a baseline survey.

<u>The specific program objectives are:</u>

1. *To enhance testing of HCV among unattached and under-served clients of a supervised consumption site and safer supply program.*
2. *To enhance linkage to care and retention for clients diagnosed with HCV through an innovative, patient-centered, nurse-led intervention.*
3. *To measure health outcomes and assess care experiences among clients who use drugs across the HCV cascade of care.*

Study Procedures



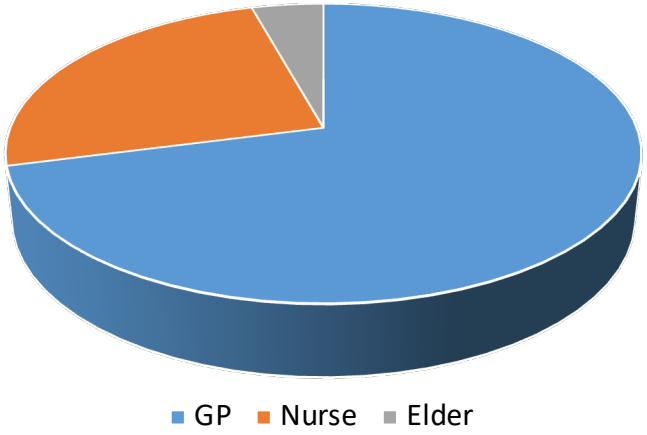
[1] Chronic hepatitis C medication now available for all British Columbians [press release]. 2018.

[2] Grebely J, Oser M, Taylor LE, Dore GJ. Breaking down the barriers to hepatitis C virus (HCV) treatment among individuals with HCV/HIV coinfection: action required at the system, provider, and patient levels. The Journal of infectious diseases. 2013;207(suppl_1):S19-S25.

Preliminary Results

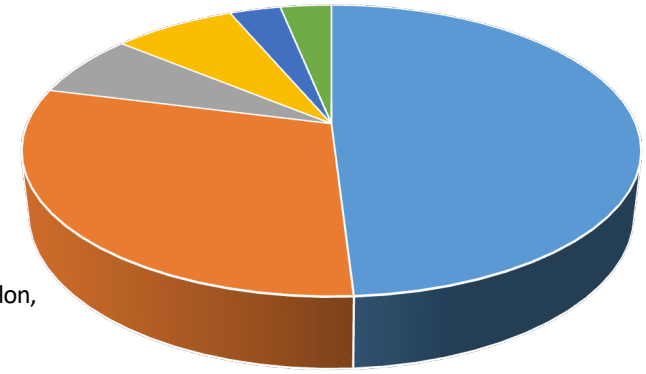
Variable	n=125
Demographics	
Median age:	43 years
Gender:	
Cisgender women	34 (27.2%)
Ethnicity:	
White	78 (62.4%)
Indigenous	51 (40.8%)
Other (Black, South Asian, East Asian, Middle Eastern, etc.)	10 (8.0%)
Perceived or treated as a person of colour:	35 (28.0%)
Ever incarcerated:	102 (81.6%)
In the last 12 months	28 (22.4%)
Experienced homelessness in the previous 3-month period:	70 (56.0%)
Sleeping outside	47 (37.6%)
Couch surfing	25 (20.0%)
Staying in a shelter	49 (39.2%)
Common income sources:	
Disability assistance	64 (51.2%)
Income Assistance	52 (41.6%)
Reselling goods	36 (28.8%)
Recycling/binning	34 (27.2%)
Selling drugs	30 (24.0%)
Sex work	13 (10.4%)

Frequency of participant's reported most important healthcare provider



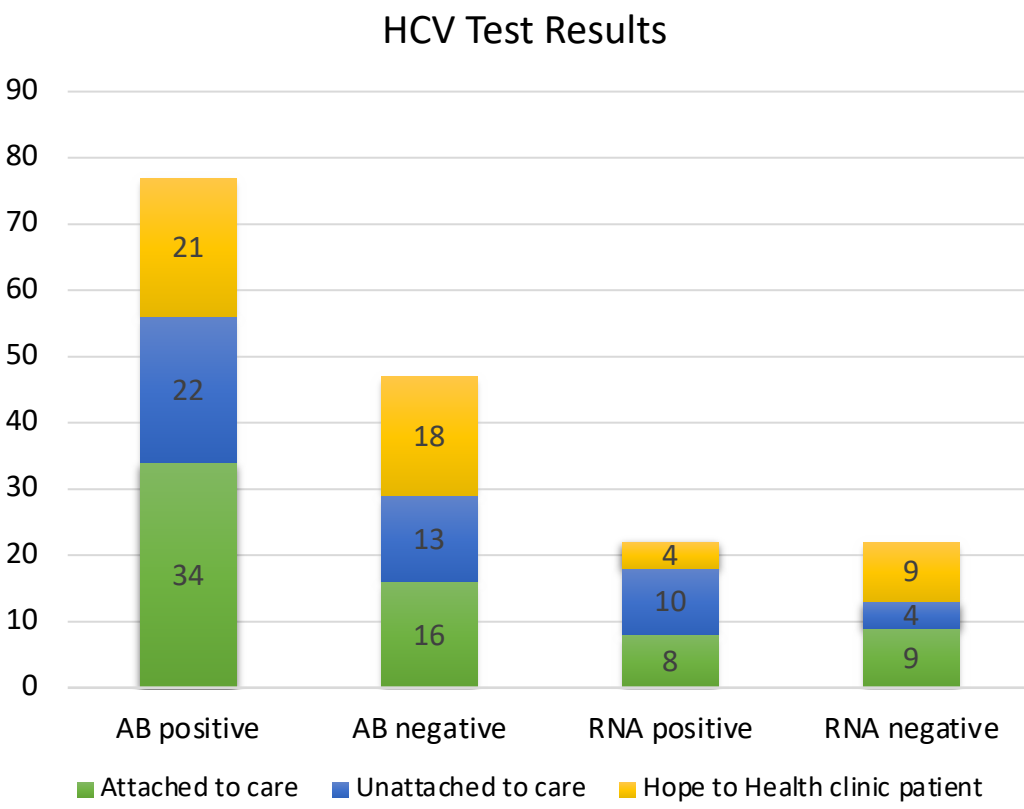
No primary care provider at baseline: 36 (28.8%)

Frequencies of OUD treatments (n=77)



Preliminary Results

Variable	n=125
HCV history & knowledge	
Never received an HCV test (antibody or RNA)	17 (13.6%)
Not offered an HCV test in the previous 5-year period	41 (32.8%)
Most recent/ current provider has not discussed HCV (information, education, testing, treatment, etc.) in the previous 5-year period	79 (63.2%)
Prior HCV diagnosis (self-reported)	55 (44%)
Active	30 (24.0%)
Cleared	23 (18.4%)
Prefer not to answer	2 (1.6%)
Previously taken Rx for HCV (self-reported; interferon or DAAs)	14 (11.2%)
Exposures to risk (previous 3 month period)	
Report using a syringe to split drugs with another person	19 (15.2%)
Report sharing a syringe	9 (7.0%)
Report using drugs alone all of the time	38 (30.4%)
Not currently on treatment for OUD	48 (38.4%)



Conclusion

Preliminary data suggests that ***Hep C Connect*** **effectively engaged a population with high HCV seroprevalence and concurrent insecure or non-existent engagement with primary care**.

We continue to follow up and outreach with clients who received a positive RNA test and lack access to primary care. This group will be comprehensively characterized in the coming months with follow-up surveys.

By optimizing the BCCfE's uniquely co-located primary care clinic and supervised consumption site, we anticipate that this low-barrier model of nurse- led rapid testing and linkage to care will reduce barriers that exist for people who use drugs in accessing HCV treatment in traditional healthcare settings.

Our evaluation will assess the efficacy of an integrated service delivery of harm reduction and HCV care in addressing treatment disparities and reaching patients at high risk of disengagement.

We would like to express our gratitude to the participants of this study who graciously shared their time, perspectives, and expertise with us. We would also like to thank Gilead Sciences for making this project possible.