

## **THE HEPATITIS ENGAGEMENT PROGRAM (HEP): USING A PATIENT-INFORMED OUTREACH STRATEGY TO INCREASE HEPATITIS C SCREENING AND TREATMENT ENGAGEMENT AMONG ADULTS IN THEIR PRIMARY CHILD-BEARING YEARS IN PRE-PANDEMIC NEW BRUNSWICK, CANADA.**

Harland K<sup>1</sup>, Materniak S<sup>1</sup>, Webster D<sup>1,2</sup>

<sup>1</sup> *Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP)*, <sup>2</sup> *Horizon Health Network*

### **Background:**

Substance use disorder (SUD) is rising among young adults in Canada and is associated with increasing hepatitis C virus (HCV) infection rates among people who use drugs (PWUD). Among women aged 30-39 years, increasing HCV rates raises the concern for mother-to-child transmission. The Hepatitis Engagement Program (HEP) was designed to increase screening and engagement in this population.

### **Description of model of care/intervention:**

The HEP program was designed following a qualitative study of PWUD which sought to understand how PWUDs learn about and access hepatitis C screening and care. The HEP program targets PWUDs ≤40 years-old with unknown HCV status or those HCV-positive but not connected to care. Nurse-led clinics offer on-site HCV point-of-care testing, fibrosis assessment and treatment initiation in community locations in local urban and rural communities.

### **Effectiveness:**

From July 2019 to March 2020, 160 individuals in our target population accessed 125 outreach clinics. Mean age was 30 years and 30.6% were female. Injection drug use was noted in 63.1% and snorting in 92.5%. Clinics in corrections, halfway houses and shelters were the most successful at capturing this population. Overall, 157 had HCV screening performed with 25 (15.9%) already HCV-antibody positive needing connection to care. Among those with unknown or prior HCV-negative testing, 26 HCV-antibody positive cases were found, 22 of which were HCV RNA-positive. In April 2021, 31.4% of all HCV RNA-positive cases were treated. A total of 16 HCV-negative individuals subsequently accessed rescreening where 4 new positives were identified.

### **Conclusion and next steps:**

The COVID-19 pandemic put the HEP program outreach on hold and completing the second half of the screening program as designed was not possible. Treating the identified cases became the focus with one-third initiated on treatment. The second half of HEP combines elements of the initial program still possible in the pandemic era with new ways to engage this population adhering to public health precautions.

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