HEPATITIS C ELIMINATION DURING A GLOBAL PANDEMIC: RESILIENCE IN ACTION

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Background: More than 12,000 people are living with hepatitis C virus (HCV) in San Francisco; an estimated 68% of those are people who inject drugs (PWID). In 2016 multiple community partners came together to establish *End Hep C SF*, a multi-sector independent consortium operating under the principles of collective impact and working toward HCV elimination in San Francisco.

Description of model of care/intervention: On March 17, 2020, San Francisco's health officer issued a "shelter in place" order in response to the COVID-19 pandemic, effectively halting almost all HCV outreach, testing, and treatment efforts. Members of *End Hep C SF* continued to meet virtually and used regular meetings to find creative ways to safely resume services after an initial drop-off in care.

Effectiveness: During the COVID-19 pandemic, community-based testing by member agencies of *End Hep C SF* decreased from an average of 1,476 rapid antibody tests per quarter to only 377 tests from April – June 2020 (see Figure 1). The number of new treatment starts among *End Hep C SF* partners – including more than 80% of San Francisco residents with Med-Cal insurance – was only 67 from April – June of 2020, compared to 148 treatment starts during that same window in 2019. However, by late 2020 both testing and treatment numbers were starting to rebound, including among PWID and people who were unhoused.



Figure 1. Number of community-based hepatitis C rapid antibody tests, San Francisco

Conclusion and next steps: The members of *End Hep C SF* worked together to develop creative strategies to continue addressing HCV during the COVID-19 pandemic. Some strategies still in use given the ongoing COVID-19 threat include use of mobile vans utilizing telehealth for treatment initiation, adapting venue-based testing to shelter-in-place hotels established to protect people who are unhoused from COVID-19, and combining PWID-focused COVID-19 testing or vaccination efforts with HCV screening and linkage to care where possible.

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