NURSE-INITIATED SCREENING FOR HEPATITIS C TREATMENT IN PWID: AN ALGORITHM

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Background: Hepatitis C virus (HCV) is a common comorbidity in persons who inject drugs (PWID). Despite availability of direct-acting antivirals (DAAs), access to care remains a challenge for PWID in Canada. We describe an HCV treatment model developed at our two supportive housing units in Victoria, Canada. Portland Hotel Society (PHS) provides homes for 268 residents who were previously homeless, many of whom have complex mental health and addiction diagnoses. The residences have embedded clinics with full-time nursing and physician coverage, as well as an onsite overdose prevention site.

Description of model of care/intervention: In 2018, residents were offered HCV screening with phlebotomy; those interested in treatment required additional bloodwork and referral for transient elastography. In 2019, the approach was streamlined to decrease diagnostic touchpoints. An APRI-based model with general practitioner (GP)-led onsite treatment was implemented. An algorithm was developed to guide clinicians along the HCV screening and treatment pathway.

Effectiveness: This algorithm was used by nurses and GPs in our clinics in Victoria, BC from September 2019 to March 2020. Screening was offered to 131 people, 48 people completed screening, and 7 people were queued for or completed treatment.

Conclusion and next steps: This algorithm could be adapted to other embedded clinic models for nurses and GPs to use to facilitate screening and treatment in PWID.

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