

## **WORKING WITH PEOPLE WITH LIVED EXPERIENCE OF HEPATITIS C: POINT OF CARE TESTING IN VICTORIA, BRITISH COLUMBIA**

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### **Background:**

People who use drugs (PWUD), account for the majority of new hepatitis C (HCV) cases and continue to have barriers to accessing DAA therapies, despite demonstrated high SVR rates in clinical trials. Peer-based testing and support models have been piloted in other communities and may help connect to more marginalized populations. People with lived and living experience of HCV treatment and drug use (peers) are seen as trusted sources of knowledge who can vouch for the efficacy, few side effects and lowered barriers to eligibility in the current DAA era.

### **Description of model of care:**

Nine peers have been trained to provide HCV POC antibody and dried blood spot RNA tests. Peers work with research staff in two-hour blocks and are paid \$26/hr for these shifts to provide testing at local supportive housing, shelters, social service sites and special events. Each client tested is offered a \$10 incentive. Testing includes both POC antibody and RNA by dried blood spot RNA or if available, phlebotomy by mobile outreach van nursing team or hep C nurse coordinator.

### **Effectiveness:**

Within the first nine months of the project, peers and staff tested 467 people: 370 people with HCV POC antibody tests (38 positive results), 48 people with HCV dried blood spot RNA tests and 74 with serology. To date, 22 people have tested RNA+ and 12 people have been started on treatment.

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

This innovative and novel approach to HCV therapy in PWUD has successfully implemented a peer-based model of care to find people with limited connection to primary health care to test and treat HCV. We still have much to learn from the valuable knowledge, established relationships and unique perspectives of peers in our efforts to reduce barriers and reach PWUD and others who remain untreated.

### **Disclosure of Interest:**

AbbVie, Gilead, and ViiV.

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