

THE COMMUNITY POP-UP CLINIC (CPC): A UNIQUE STRATEGY TO ACHIEVE HCV ELIMINATION IN THE INNER CITY

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Background: Many strategies have been proposed to help identify Hepatitis C Virus (HCV) infected inner-city residents, engage them in care, provide them with therapy, achieve and measure cure. The rate of successful completion and cure of these programs is highly variable. The most relevant outcome measure for such programs may be the number of HCV cures achieved over time, and programmatic changes should be implemented and evaluated according to this metric.

Purpose: We have evaluated our Community Pop-Up (CPC) program in terms of this outcome measure, as a function of the resources required for its implementation.

Method: On a weekly basis, a team consisting of physician, nurses and support staff interact with up to 30 individuals over 4 hours in the inner city of Vancouver, to provide point-of-care HCV testing or ascertainment of previously identified HCV infection status. Treatment for HCV infection is offered in the context of a low-barrier treatment program, with medications delivered daily/weekly. Strategies are in place to limit loss to follow up and maximize engagement in care to ascertain if cure has been achieved.

Result(s): From 07/20- 09/21, we conducted 55 community pop-up clinics and screened 774 individuals for their HCV status. Of 280 HCV-infected individuals by antibody test, 99 (35.4%) had documented HCV viral load result. Key demographic characteristics include: median age 43 (28-86) years, 77.5% male, F0/F1 (22, 55%), opioid antagonist therapy 26 (65%), HIV co-infected 2 (5%), fentanyl/cocaine/amphetamine use (24/12/18, 60%/30%/45%). Of 40 individuals on treatment, none have been lost to follow up, 26 have demonstrated cure, with outcome results pending in the other 14 subjects. Strategies are in place to engage the remaining 49 viremic individuals in HCV treatment.

Conclusion(s): An established, multidisciplinary clinic serving the inner city led to 40 successful HCV treatments, with none lost to follow up once treatment has been initiated and the possibility of 40-50 additional treatment starts in the short term. This represents a very cost effective and productive initiative to address HCV infection in similar populations.

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