

OPTIMIZING CLINICAL CARE IN THE INNER-CITY POPULATION: INNOVATIVE COMMUNITY HCV-BASED CLINIC

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Background: Vulnerable and marginalized inner-city residents commonly face multiple barriers in accessing health care including issues related to stigmatization and discrimination, especially in the era of COVIDworld. Hepatitis C virus (HCV) screening and treatment uptake were significantly impacted in British Columbia, particularly in this population.

Purpose: We describe an innovative approach to community-based care developed to facilitate access to health care services and HCV treatment among the inner-city population of Vancouver's Downtown Eastside (DTES).

Method: A retrospective analysis was performed on all patients engaged through our community pop-up clinic (CPC) conducted in single-room occupancy (SRO) buildings in the DTES who received HCV treatment at the Vancouver Infectious Diseases Centre (VIDC), between 01/21 – 01/22. Individuals who test positive for HCV antibodies by rapid testing are consulted with a health care provider and enrolled in a multidisciplinary program to enhance engagement and favor rapid HCV treatment. Individuals who missed their appointments were reengaged at their SRO through our follow-up outreach program.

Result(s): Between 01/21 – 01/22, 632 patients were tested, of whom 268 were HCV antibody positive, 149 identified to be viremic, and 70 linked to care at VIDC. Of the 149 viremic individuals, 80 initiated HCV treatment, 34 were GT3, 5 cirrhotic, 70 treatment naïve, and 63 active fentanyl use. To-date, 60 completed treatment, 14 remain on treatment, 30 achieved SVR12, 28 awaiting SVR12 measurement, 1 deceased prior to SVR and 1 documented virologic relapse. It is worth noting that of the 80 who initiated HCV treatment, 32 were reengaged through our follow-up outreach program and 47 were treated remotely with weekly updates to maximize adherence. By on treatment analysis, SVR12 rate is 97% (30/31).

Conclusion(s): Using this innovative model of care, we have demonstrated high rates of success in engaging the vulnerable inner-city population of Vancouver and enhancing the HCV treatment cascade of care. Approaches to care such as ours will be necessary to link disengaged individuals to care to achieve WHO's mandate on HCV elimination, especially in the pandemic era.

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