

REAL-WORLD IMPLEMENTATION OF POINT-OF-CARE (POC) HCV RNA TESTING IN A MOBILE UNIT IN HOMELESS ENCAMPMENTS AND SHELTERS IN ONTARIO, CANADA: LEARNINGS AND CONSIDERATIONS FOR COMMUNITY-BASED HCV PROGRAMS UTILIZING THE GENEXPERT® SYSTEM.

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Background:

Loss to follow-up (LTFU) remains a significant challenge in HCV elimination efforts. Over 24-months, 450 HCV-infected clients in our HepCURE program were LTFU due to long turnaround times for lab results (10-14 days). To expedite diagnosis and linkage to care, HepCURE began a test-and-treat pilot project to evaluate the effectiveness of point-of-care (POC) HCV RNA testing in homeless individuals who use drugs, and identify system-level and policy-level considerations for sustainability and scalability.

Methods:

HepCURE deployed a mobile unit, equipped with the GeneXpert® System and staffed with 2 laboratory technicians and nurse practitioner, to initiate HCV testing in homeless encampments and shelters across 4 cities in Ontario, Canada. Staff performed point-of-care (POC) antibody test, and positive results were confirmed on-site with the Xpert HCV Viral Load Fingerstick, and dried blood spot (DBS) testing. Viremic clients were immediately linked to care as appropriate.

Results:

In our first week (over 5 testing days in May 2023), 11 tests were performed using the the Xpert HCV Viral Load Fingerstick (no individuals refused testing). 45% (5/11) had viremia. 80% (4/5) were linked to care, with one individual pending further follow up.

Conclusion/next steps/learnings:

Our test-and-treat pilot project using POC HCV RNA testing showed high rates of follow-up in a modest sample of homeless and marginally housed people who use drugs. To our knowledge, it is the first program in Canada to integrate POC HCV RNA testing using a mobile unit. Over the next 5 months, we intend to expand our pilot program to include pharmacies, safe injection sites, and correctional settings. To ensure sustainability and scalability of our program, however, we will need to mitigate the impact of system-level challenges (i.e., limited battery power of mobile unit, lack of genotyping capabilities of GeneXpert® System, high cartridge cost), and policy-level barriers (e.g., procurement and provincial laboratory-based requirements for drug reimbursement).

Disclosure of Interest Statement:

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