

## **PEER-LED COMMUNITY BASED INTEGRATED INFECTIOUS DISEASE TESTING AND LINKAGE TO CARE IN INCLUSION HEALTH POPULATIONS IN LONDON, UK.**

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### **Background:**

The COVID-19 pandemic presented severe challenges to services providing care to the most vulnerable in society such as people experiencing homelessness. We describe the second phase of a collaborative response of an integrated infectious disease inclusion health outreach team, led by peer support workers (PSWs), nurses and community partners.

### **Description of model of care/intervention:**

A multi-disciplinary team of community-based partners provided outreach testing with highly trained PSWs. They utilised point-of-care testing technology (POCT), digital mobile radiology and video supported care (VSC) with two mobile health units (MHU) serving homeless, migrant and other inclusion health populations.

Ongoing interventions include peer-led blood borne virus (BBV) and sexually transmitted infection (STI) testing and linkage to care; COVID-19 PCR testing of symptomatic individuals and outbreak response mass testing; COVID-19 vaccination service; influenza, pneumococcal and hepatitis B vaccinations; street-based sex worker (SBSW) BBVs testing.

### **Effectiveness:**

Between May 2020 and December 2021, 3,676 BBV tests were performed. In the homeless setting there was a high proportion of people who inject drugs (16.9%) and problematic alcohol use (31.9%). The prevalence of BBVs was high for chronic HCV infection (8.1%), HIV (1.6%) and syphilis (1.4%). In migrant populations a high prevalence of HBV (3.7%) was found.

In total, 13,122 COVID-19 PCR tests were done with 830 (6.3%) testing positive as well as 6,758 COVID-19 vaccinations. In the SBSW population, of the 68 tested, 21 (30.1%) were positive for at least one STI. All individuals were supported into care by PSWs, some with VSC and follow-up data is currently being collected on treatment outcomes.

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

The integration of health, social care and third sector providers is highly effective and likely very cost effective as well as being acceptable by service users and enhancing the role of PSWs within healthcare delivery.

### **Disclosure of Interest Statement:**

None