

TREATING PEOPLE WHERE THEY ARE: NURSE-LED HEPATITIS C (HCV) MICRO-ELIMINATION PROJECT FOR NETWORKS OF PEOPLE WITH RECENT INJECTING DRUG USE IN VICTORIA, CANADA

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Background: Micro-elimination ‘seek and treat’ approaches create unique opportunities to treat individuals with high risk of transmitting HCV. By targeting Victoria Cool Aid Society supportive housing sites for individuals with chronic mental health challenges and problematic substance use, we were able to identify and cure HCV in People with Injecting Drug Use (PWID) and their key social sharing networks.

Description of model of care/intervention: This nurse-led project started with onsite education and recruitment of residents and their key social sharing networks. Outreach nurses built relationships by attending supportive housing units with food incentives to conduct initial screening with OraQuick/blood work, and FibroScan. Weekly follow-ups creating individualized treatment plans led to regular check-ins with staff and residents and their social networks to provide medication, treatment monitoring and support. Cash incentives in exchange for the previous week’s blister pack, and sustained virological response (SVR) bloodwork gave an excellent opportunity to discuss harm reduction, reinfection risk and explore current health challenges.

Effectiveness: By providing treatment to clients in their homes and with their friends, our team removed the need for clients to present to the clinic, allowing us to treat clients with little or no prior contact with the health care system. From February 2018 to March 2019, we visited 11 of 13 Cool Aid housing sites, screening 180 people. 72 were HCVab+ and 51 had a positive HCV RNA. 43 patients started treatment (24 current IDU, 18 on OST) and 32 have SVR results (1 LTF, 1 death, 6 still on treatment, 1 pending). Peer and housing support, on-site intensive case management has led to excellent medication adherence and engagement in primary care.

Conclusion: This micro-elimination model of care has dramatically decreased the local burden of HCV in PWID and can be used as a model of care for other nurses and communities.

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