A FEASIBILITY STUDY TO INCREASE CHRONIC HEPATITIS C VIRUS RNA TESTING AND LINKAGE TO CARE AMONG CLIENTS ATTENDING HOMELESS SERVICES IN AMSTERDAM, THE NETHERLANDS

<u>Generaal E</u>¹, Logtenberg van der Grient H², Schatz E², van Santen DK^{1,3}, Boyd A^{1,4}, Woods SK⁵, Baak BLC ⁶, Prins M^{1,7}

¹ Department of Infectious Diseases, Research and Prevention, Public Health Service of Amsterdam, 1018 WT Amsterdam, The Netherlands.

² De Regenboog Groep, 1013 GE Amsterdam, The Netherlands.

³ Disease Elimination Programs, Burnet Institute, Melbourne, VIC 3004, Australia.

⁴ Stichting HIV Monitoring, 1105 BD Amsterdam, The Netherlands.

⁵ Mainline, 1052 HN Amsterdam, The Netherlands.

⁶ Department of Gastroenterology and Hepatology, OLVG Hospital, 1091 AC Amsterdam, The Netherlands.

⁷ Department of Infectious Diseases, Amsterdam UMC, Location AMC, Amsterdam Infection and Immunity (AII), University of Amsterdam, 1105 AZ Amsterdam, The Netherlands.

Background: People who inject drugs (PWID) are disproportionately affected by hepatitis C virus (HCV) infections and are frequently homeless. To improve HCV case finding in these individuals, we examined the feasibility of rapid HCV RNA testing in homeless services in Amsterdam.

Description of model of care/intervention: In 2020, we provided a comprehensive service to homeless facilities, which included workshops on HCV for personnel, a "hepatitis ambassador" at each facility, a rapid, onsite HCV RNA fingerstick test service, and assistance with linkage to care. Risk factors for HCV RNA-positive status were examined using Bayesian logistic regression.

Effectiveness: Of the 152 participants enrolled, 150 (87% men; median age: 47 years) accepted rapid HCV testing. Seven tested HCV RNA positive (4.7%, 95%CrI = 1.31-8.09; 7/150). Of these, five (71%) were linked to care, of whom four (57%, 4/7) initiated treatment and one (14%, 1/7) delayed treatment due to a drug-drug interaction. Of these four people, two completed treatment (50%), of whom one (25%) achieved sustained virologic response after 12 weeks. HCV RNA-positive individuals were more likely to originate from Eastern Europe (posterior-odds ratio (OR) = 3.59 (95% credible interval (CrI) = 1.27-10.04)) and to inject drugs (ever: posterior-OR = 3.89 (95% CrI = 1.37-11.09); recent: posterior-OR = 3.94 (95% CrI = 1.29-11.71)).

Conclusion and next steps: We identified HCV RNA-positive individuals and linkage to care was relatively high. Screening in homeless services with rapid testing is feasible and could improve HCV case finding for PWID who do not regularly attend primary care or other harm reduction services for people who use drugs.

Disclosure of Interest

This project was funded by pharmaceutical companies, one of which provided the HCV tests and testing device. We declare that these companies were not involved in the study preparation, data collection, data analyses, data interpretation, or the writing of this manuscript.