



COMMUNITY POP-UP CLINICS: CHARACTERISTICS OF ENGAGEMENT IN CARE, AN OBSERVATIONAL PROSPECTIVE COHORT STUDY



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BACKGROUND

Hepatitis C virus (HCV) is an international concern worldwide. In developed countries, injection drug use is the main contributing factor for the new and existing HCV infection cases.^{1,2} In Canada, over 300,000 individuals are HCV-positive and approximately 60,000 of these individuals reside in British Columbia.³ Vancouver's Downtown East Side (DTES) is a small geographic area in Vancouver with a population of approximately 18,000. This small area is known for its high prevalence of HCV infection, mainly attributed to injection drug use. This vulnerable population is particularly difficult to engage in care due to mental illness, homelessness, and substance abuse. New initiatives are needed to successfully engage this population in care. Community Pop-Up Clinics (CPCs) were developed as a tool to address this issue and to further understand factors associated with engagement of this population in care.

METHODS

Participants were recruited at the CPCs held at several community centres in Vancouver's Downtown East Side between March 2013 and March 2016. The CPCs were staffed by 4-6 individuals including a research assistant, a registered nurse, and an infectious disease specialist. Informed consent was obtained from participants who demonstrated willingness to get tested. A questionnaire was administered to collect demographic information. OraQuick® HCV Rapid Antibody and HIV Rapid Antibody point-of-care testing was offered. Participants identified as anti-HCV positive were offered the opportunity to talk to consult with the specialist physician on-site and be further engaged in care in a multidisciplinary setting to further address their disease-related and psychosocial needs. A \$10 gift-card was provided as an incentive for participants who were successfully tested and completed the questionnaire.

RESULTS

A total of 2003 participants (mean age 49.9 years, 93.4 % male) were tested for HCV infection, with 641 (32%) infected with HCV including 49 (7.6%) co-infected with HIV. Among HCV infected patients, 154 (24.2%) were linked to care, 23 (14.9%) started treatment, 18 (78.3%) completed treatment, and 16 (88.9%) achieved Sustained Virologic Response (SVR). Groups under-represented among those engaged in care include: females (5.8%), homeless (9.4%), and First Nations (9.7%).

CONCLUSION

Our CPC approach in a neighborhood with HCV prevalence of 70% has successfully identified over 600 HCV-infected individuals and engaged a significant proportion of them in care. Additional efforts must be undertaken to engage certain populations and in ensuring that engagement leads to enhanced access to curative HCV therapies in all eligible patients.

TABLE 1: CHARACTERISTICS OF PATIENTS LINKED TO CARE

		Linked To Care (N=154)	Total HCV+ Population (N=641)
Age		48.2	47.5
Ethnicity	First Nations	15 (9.7%)	145 (22.6%)
	White	53 (34.4%)	273 (42.6%)
	Other	8 (5.2%)	50 (7.8%)
Gender	Male	65 (42.2%)	363 (56.7%)
	Female	9 (5.8%)	101 (15.8%)
	Transgender	2 (1.3%)	5 (0.8%)
Current Living Condition	Stable Housing	46 (29.9%)	276 (43.0%)
	Homeless	15 (9.4%)	131 (20.4%)
Employment	Working	9 (5.8%)	57 (8.9%)
	Not Working	47 (30.5%)	298 (46.5%)
Previous or Current Injection Drug Use		59 (38.3%)	371 (57.9%)
Never Injected Drugs		20 (1.3%)	67 (10.4%)
Knowledge Regarding HCV Cure		60 (40.0%)	359 (56.0%)
Willingness to Consider Treatment		59 (38.3%)	365 (56.9%)

FIGURE 2: CPC IDENTIFIED PATIENTS ATTENDING CLINIC

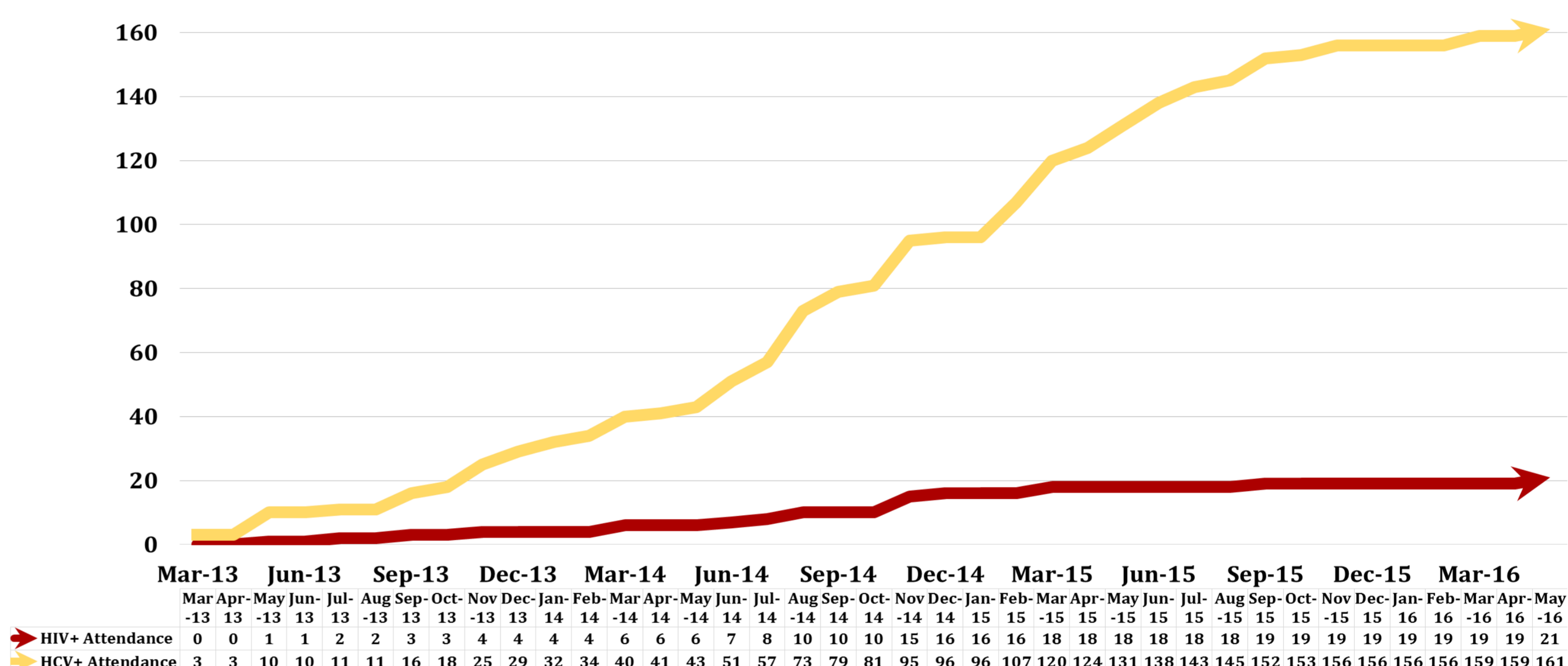
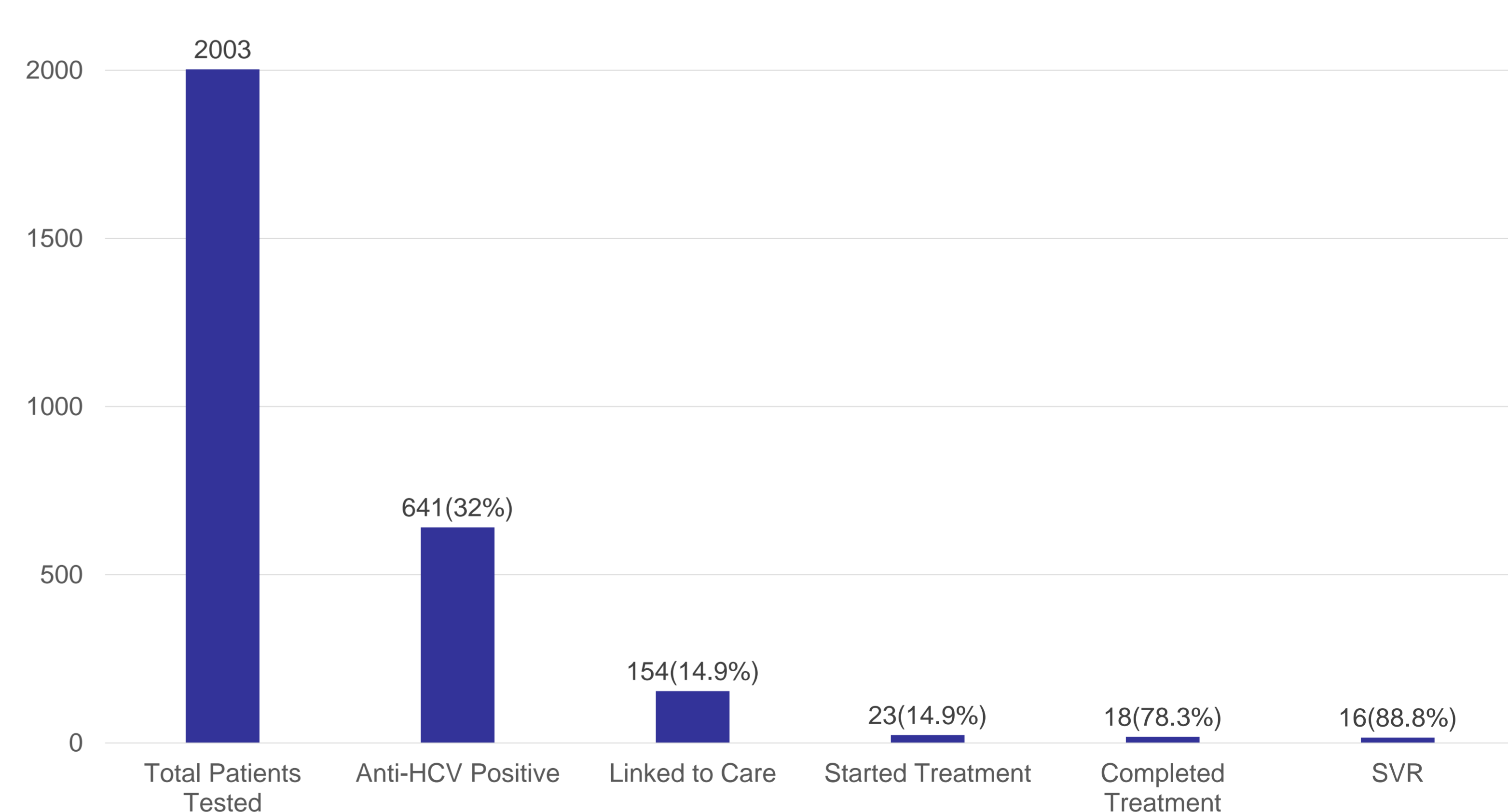


FIGURE 3: CASCADE OF CARE FOR PATIENTS LINKED TO CARE



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Vancouver Infectious Diseases Centre Patients and Staff

CONFLICT OF INTEREST

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