

Utilization of HCV Outreach Coordinator and Virtual HCV Care by Physician in an Opioid Substitution Clinic and Overdose Prevention Site to Enhance HCV Testing and Linkage to Care in Priority Populations During COVID-19 Pandemic



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BACKGROUND

There remains a high residual burden of untreated chronic HCV infection in priority populations across Canada, particularly in people who inject drugs.

The COVID-19 crisis has negatively impacted the delivery of testing and treatment for HCV-infected patients.

Opioid Substitution Treatment (OST) clinics and Overdose Prevention Sites (OPS) present an opportunity to optimize HCV care by leveraging resources and infrastructure to better engage these populations in HCV screening.

OBJECTIVE

To evaluate the feasibility and efficiency of combining point-of-care HCV testing with virtual care by a physician in OST and OPS settings in improving linkage to care for priority populations.

METHODS

Model of Care



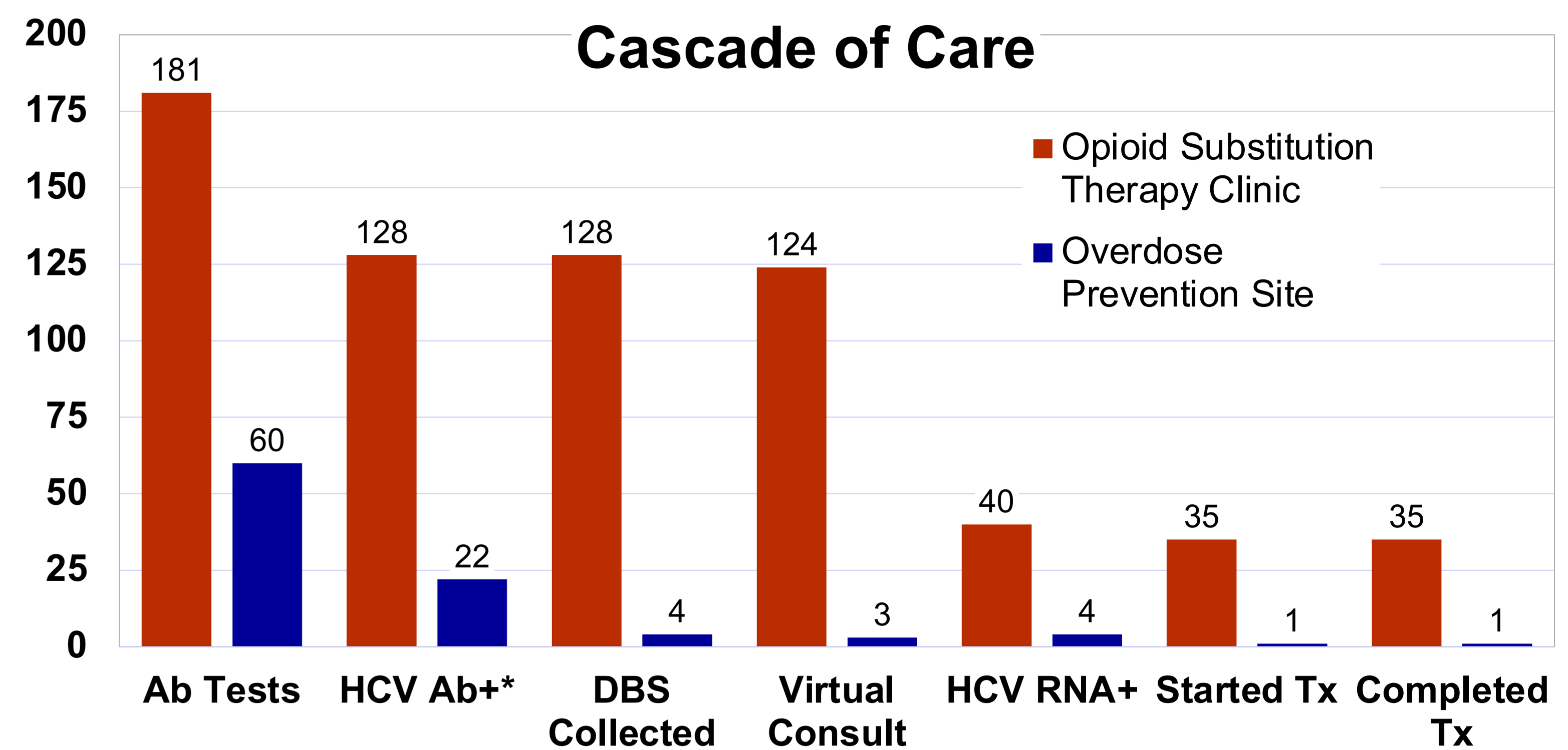
- From October 2021 to June 2022, outreach workers offered HCV antibody (Ab) point-of-care testing (POCT) to at-risk individuals attending OST clinics and an OPS location in Toronto, Canada.
- POCT results were provided to clients after 5 minutes using VIRCAN 5-Minute Rule.
- For all Ab+ individuals, dried blood spot (DBS) samples were collected for HCV RNA testing.
- An outreach worker facilitated liver disease assessment and HCV treatment, provided virtually by a physician at time of testing and/or at subsequent follow-up of DBS results.
- An outreach worker liaised with clients to obtain medication including adherence monitoring through pharmacies linked with their OST clinic, or through a hospital pharmacy, in the case of OPS clients.

RESULTS

Baseline Characteristics of RNA+ Clients (n = 44)

Characteristic	n (%)
Mean age, years	44
Male	33 (75%)
Treatment naïve	38 (86%)
Cirrhosis	14 (6%)
Active drug use	40 (91%)
Active IVDU	24 (60%)

RESULTS (cont'd)



Care Cascade	OST	OPS	Total
Ab Screening	199	60	259
Positive	110/199 (55.3%)	22/60 (36.7%)	132/259 (51.0%)
Known Positive	18/199 (9.0%)	0/60 (0.0%)	18/259 (6.9%)
Negative	71	38	109
Virtual Consult	124/128 (96.9%)	4/22 (18.2%)	128/150 (85.3%)
HCV RNA	128/128 (100.0%)	4/22 (18.2%)	132/150 (88.0%)
Detected	40/128 (31.3%)	1/22 (25.0%)	41/132 (31.1%)
Not Detected	88	3	91
Started Tx	36/40 (90.0%)	1 (25.0%)	37/41 (90.2%)
Did Not Start Tx	4	3	7
Awaiting Tx Initiation	1	0	1
Awaiting baseline bloodwork	2	0	2
Lost to Follow-Up	1	3	4
Completed Tx	35/36 (97.2%)	1 (100.0%)	36/37 (97.3%)
Achieved SVR	18	0	18
Awaiting SVR Bloodwork	9	0	9
Lost to Follow-Up	8	1	9

Note: 6/44 clients had previously been treated and were reinfected

CONCLUSIONS

- Combining HCV screening with outreach worker facilitated access to virtual HCV care by a physician leads to efficient linkage to care [96% (127/132)].
- Linkage to care was challenging in the OPS setting vs. OST. These clients were not tied to an OST provider or pharmacy, and often struggled with active drug use.
- Strategies should **continue** to focus on screening and access to virtual care in OST settings during the pandemic to reach micro-elimination targets.

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Disclosure of Interest

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