



# The Community Pop-Up Clinic (CPC) : a Unique Strategy to Achieve HCV Elimination in The Inner City

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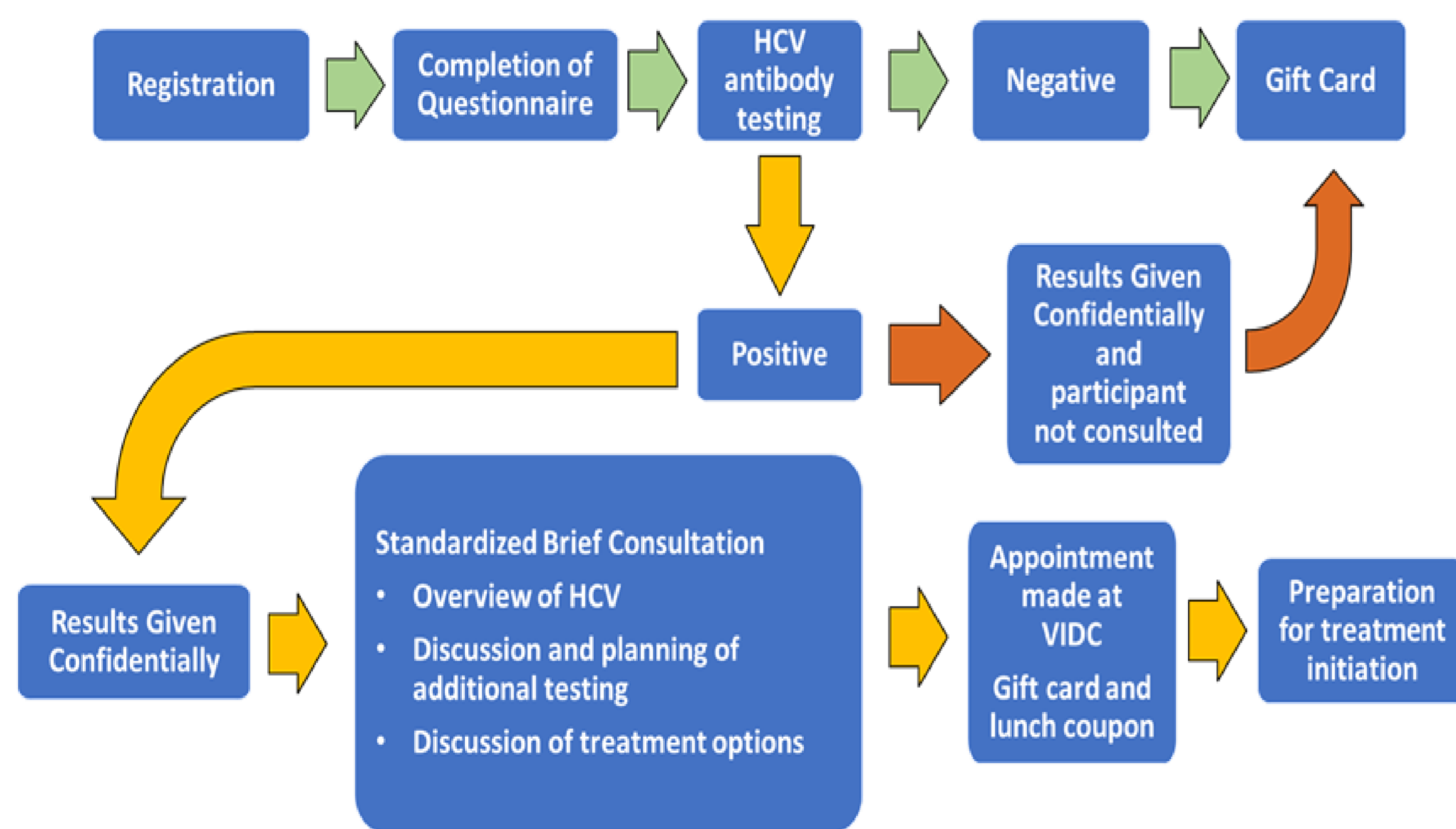
## Background

Several strategies have been proposed to identify HCV-infected inner-city residents, engage them in care, provide them with antiviral therapy, establish conditions to maximize treatment completion and measure if a cure has been achieved. While many programs have successfully identified large numbers of subjects eligible for treatment, the rate of successful completion and measurement of cure is highly variable. The most relevant outcome measure for such programs may be the number of HCV cures achieved over time, and programmatic changes should be implemented and evaluated according to this metric. We have evaluated our Community Pop-Up (CPC) program in terms of this outcome measure, as a function of the resources required for its implementation.

## Methods

On a weekly basis, a team (including health care providers and support staff) conducts a CPC event at a single room occupancy dwelling in the inner city to provide point-of-care HCV testing or ascertain previously identified HCV infection status. Treatment for HCV infection is offered in the context of a low-barrier program, with medications delivered daily/weekly, at the place of residence, local pharmacy or at our community clinic. Strategies are in place to limit loss to follow up and maximize engagement in care throughout treatment and thereafter, to ascertain if cure has been achieved.

Figure 1. Community Pop-Up Clinic flowsheet



## Results

From July 2020 – May 2022 (23 months), we conducted 80 community pop-up clinics (CPCs) and screened a total of 1193 individuals for their HCV status. 433 individuals (36.3%) were found to carry HCV antibodies. Of these 433, Median age was 47.5 years, with about one quarter being female or indigenous. In general, this is a relatively well educated population, with about 20 % having some level of post-secondary education speaking to the great diversity of the inner city population. Over half have been incarcerated. Almost half have experienced an opiate overdose event requiring medical attention. More than 60% engage in high-risk drug use behavior historically or currently. In this cohort, only very few were co-infected with HIV.

## Results (continued)

Characteristic	Count (Percentage)
Detectable HCV Viral Load	173 (48.3%)
HIV/HCV Co-infection	11 (2.5%)
Median Age (range)	47.5 (22-81)
Gender	
Male	308 (71.1%)
Female	119 (27.5%)
Other/unknown	6 (1.4%)
Ethnicity	
Indigenous	103 (23.8%)
White	200 (46.2%)
Other (Asian, Black, Mixed)	31 (7.2%)
Education Completed	
Elementary or Lower	67 (15.5%)
High School	177 (40.9%)
Post-Secondary	86 (19.9%)
History of Incarceration	236 (54.5%)
History/Current IVDU	270 (62.4%)
Shared Needles	60 (13.9%)
Shared Other Equipment	83 (19.2%)
History of clinically significant drug overdose	188 (43.4%)

Characteristic	Count (Percentage)
Median Age (range)	48 (22-81)
Gender	
Male	250 (69.8%)
Female	104 (29.1%)
Other/unknown	4 (1.1%)
Ethnicity	
Indigenous	89 (24.9%)
White	159 (44.4%)
Other (Asian, Black, Mixed)	22 (6.1%)
Education Completed	
Elementary or Lower	57 (15.9%)
High School	138 (38.5%)
Post-Secondary	73 (20.4%)
History of Incarceration	192 (53.6%)
History/Current IVDU	223 (62.3%)
Shared Needles	50 (14.0%)
Shared Other Equipment	69 (19.3%)
Overdose	155 (43.3%)

Characteristic	Count (Percentage)
Median Age (range)	47 (26-74)
Gender	
Male	58 (77.3%)
Female	15 (20.0%)
Other/unknown	2 (2.7%)
Ethnicity	
Indigenous	14 (18.9%)
White	41 (54.7%)
Other (Asian, Black, Mixed)	9 (12%)
Education Completed	
Elementary or Lower	10 (13.3%)
High School	39 (52.0%)
Post-Secondary	13 (17.3%)
History of Incarceration	44 (58.7%)
History/Current IVDU	47 (62.3%)
Shared Needles	10 (13.3%)
Shared Other Equipment	14 (18.9%)
Overdose	33 (44.0%)

Of 433 individuals we identified as carrying HCV antibodies, HCV RNA testing was completed in 358 individuals, 173 (48.3%) of whom were found to be viremic. We attempted to engage all in care to treat their HCV infection. To date, 97 have been fully engaged and the remaining 76 remain in follow up. Of the 97 engaged individuals, 2 died of drug overdoses and 1 discontinued HCV treatment after its initiation; 64 have completed treatment and 31 have started or are scheduled to start; Of 54 having reached the SVR 12 time point, the cure rate was 53/54 (98.1%), with a single virologic relapse. Data on longer term follow up to monitor for HCV re-infection and to ensure that monitoring for hepatocellular carcinoma are being generated.

## Conclusion

In the context of an established, multidisciplinary clinic serving the inner city, a 4 hour/week initiative was conducted to identify HCV-infected individuals and engage them in care. The events are clearly well targeted with over 30% of participants being infected with HCV. In the 23-month period analyzed in this report, we identified 173 individuals actively infected with HCV (over 7.5/month). Over time, none have been lost to follow up. To date, 97 have started or are scheduled to start HCV treatment, with success rates equaling that generated in clinical trials of currently available antiviral agents. We propose 3 key parameters for the evaluation of the performance of outreach programs among vulnerable populations: prevalence of HCV infection in the target population; number of individuals receiving HCV treatment per conducted event; success/cure rate of HCV therapy. Programs to increase HCV treatment rates (particularly in underserved populations) should be optimized according to these parameters to enhance efforts for HCV elimination in this group of core transmitters.

## Disclosures

Dr. Conway has received research grants, honoraria and/or acted as a remunerated advisor for AbbVie, Astra Zeneca, Gilead Sciences, Indivior Canada, Merck, Moderna, Sanofi Pasteur, Seqirus, and ViiV Healthcare.

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