

# Combined COVID-19 vaccination and hepatitis C virus and HIV screening intervention for high-risk populations at a mobile testing unit in Madrid, Spain

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## Background

COVID-19 has hindered efforts to address the hepatitis C virus (HCV) and HIV by reducing testing, particularly in marginalised groups, who have some of the highest rates of HCV and HIV and lowest rates of COVID-19 vaccination.

## Description of model of care/intervention

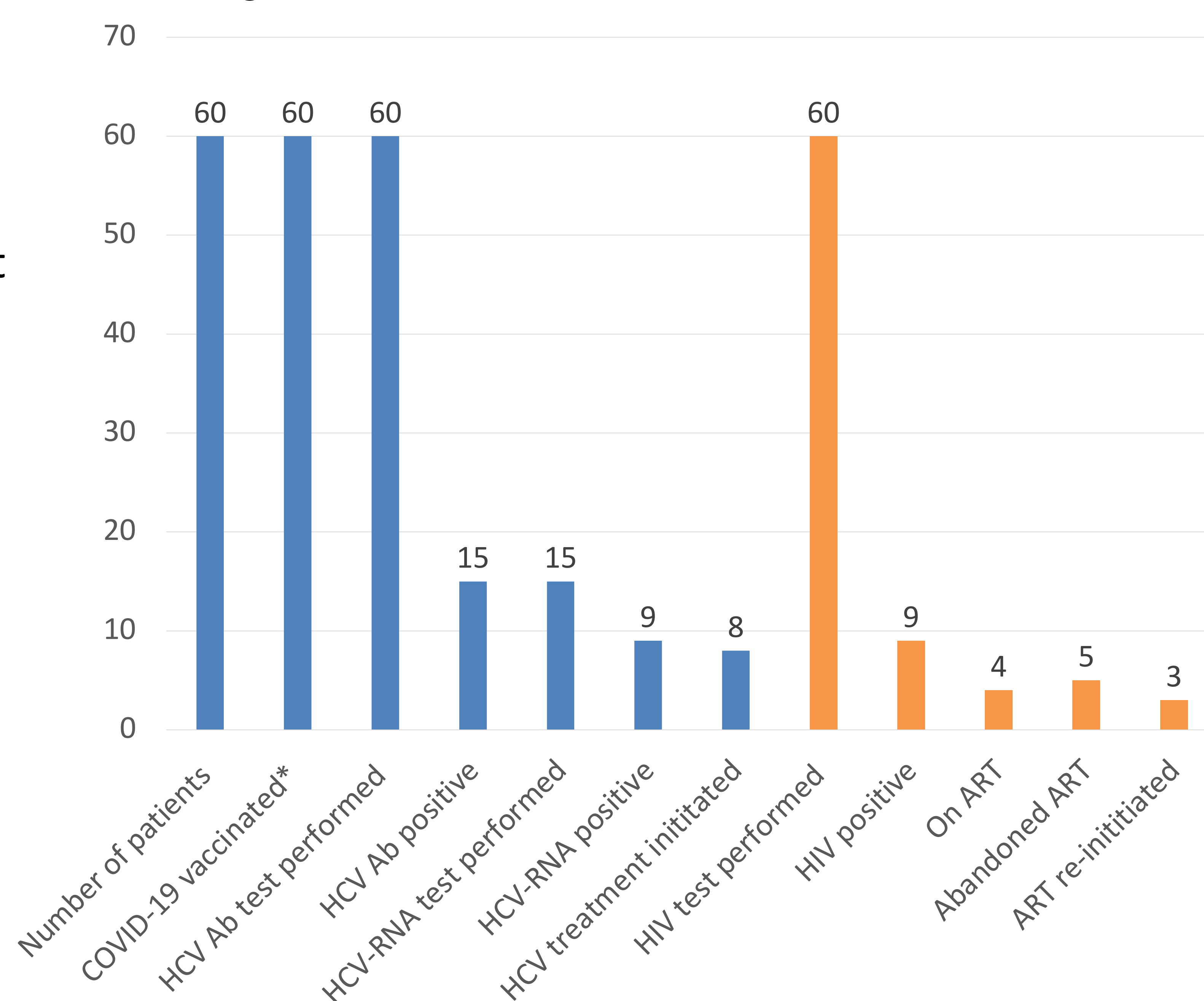
This pilot study explored the acceptability of combining HCV point-of-care testing (PoCT) with COVID-19 vaccination in a mobile testing unit in Madrid, Spain. From 28/9/2021 to 26/10/2021, 101 individuals from high-risk populations, including people with substance use disorders (SUDs), were invited to get the COVID-19 vaccine along with HCV antibody (Ab) screening. If HCV Ab+, they were offered HCV-RNA PoCT. Everyone was screened for HIV, as per the standard of care. HCV-RNA+ and HIV+ patients, not on antiretroviral therapy (ART), were linked to care.

## Effectiveness

Of the 101 participants:

- 59.4% had SUDs (68.3% male), of which:
  - 3.3% reported a previous COVID-19 diagnosis
  - None had been vaccinated for COVID-19 and all received a COVID-19 vaccine without any identified adverse events (Figure)
  - All were tested for HCV Ab, of which 25.0% were positive
  - All were tested for HIV, of which 15.0% were positive
  - Of those HCV Ab+
    - All were tested for HCV-RNA and 60.0% were positive, of which 44.4% were probable reinfection cases
  - Of those HIV+
    - None were new diagnoses and 55.6% had abandoned ART
- To date, 88.9% have started HCV treatment and 60.0% have re-started ART

**Figure.** Analysis of the combined COVID-19 vaccination and HCV and HIV screening intervention in people with substance user disorders at the mobile testing unit in Madrid



\*Vaccinated during the study intervention.

Abbreviations: Ab, antibody; ART, antiretroviral therapy; HCV, hepatitis C virus.

## Conclusion and next steps

The combined intervention had an acceptability rate of 100% and was considered safe, as no adverse events to HCV testing were reported. It also optimised the use of time, as participants were tested for HCV and HIV during the post-vaccination waiting period and it prevented the need for multiple visits. This approach can serve as a novel model of care to co-locate HCV and HIV screening and linkage to care as well as COVID-19 vaccination in marginalised communities.

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