

PEER AND NURSING-LED OUTREACH COMBINED WITH POINT-OF-CARE HCV TESTING TO DECENTRALISE HCV CARE AND ENHANCE HCV TREATMENT AMONG PEOPLE WHO USE DRUGS, PEOPLE WHO EXPERIENCE HOMELESSNESS, AND MIGRANTS: THE REACH_U PROJECT

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Background:

Outreach teams operating in urban areas of Lisbon with high levels of drug consumption need to overcome barriers to care in marginalized populations of people who use drugs, people who experience homelessness, and migrants, that may not receive adequate support through the health system. The REACH_U project aims to evaluate an intervention integrating peer and nurse-led outreach, incentives, point-of-care HCV antibody, RNA testing, and specialist assessment to increase treatment uptake.

Description of model of care/intervention:

REACH_U is a historically controlled, before and after, study comparing HCV testing and treatment uptake during an intervention to decentralize care (n=256, December 2020-February 2022) compared to standard of care (n=133; October 2018-March 2020). During standard of care, point-of-care HCV antibody testing was performed, and HCV antibody-positive participants were referred for hospital-based confirmatory HCV RNA testing and treatment. During the intervention, a specialized outreach team (peer and nurse) performed HCV antibody and RNA testing (GeneXpert HCV Viral Load Fingerstick) with referral to decentralized specialist assessment (telemedicine included) and treatment.

Effectiveness:

Overall, 389 participants were enrolled (control, n=133; intervention, n=256). In the standard of care arm, 38% (50 of 133) were HCV antibody positive. Among those referred for hospital-based specialist care (n=50), 30% (15 of 50) attended their initial appointment. Among the 10 people with detectable HCV RNA, 4 (40%) initiated and completed treatment. In the intervention arm, 31% (79 of 256) were HCV antibody positive. Among the 31 people with detectable HCV RNA, 90% (n=28) attended their initial appointment, 14 (50%) initiated and completed treatment, and 14 (50%) are waiting for treatment.

Conclusion and next steps:

Preliminary results point to an increase in HCV testing and treatment among people who use drugs, people who experience homelessness, and migrants when decentralized care is implemented.

Disclosure of Interest Statement:

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