

POINT-OF-CARE TESTING, PEER-BASED OUTREACH, AND LINKAGE TO NURSING CARE TO ENHANCE TESTING AND TREATMENT FOR HEPATITIS C AMONG PEOPLE WHO USE DRUGS, PEOPLE WHO EXPERIENCE HOMELESSNESS, AND MIGRANTS: THE REACH_U PROJECT

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Background:

Strategies are needed 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. This study evaluated an intervention integrating outreach work, financial incentives, point-of-care HCV antibody and RNA testing, and specialist assessment to increase treatment uptake.

Results:

REACH_U is a controlled study comparing HCV testing and treatment uptake during an intervention to decentralize care ($n=568$, December 2020-December 2022) to the 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 performed HCV antibody and RNA testing (GeneXpert® HCV Viral Load Fingerstick) with referral to decentralized specialist assessment and treatment.

Methods:

701 participants were enrolled (control, $n=133$; intervention, $n=568$). In the standard of care arm, 38% (50 of 133) were HCV antibody positive and referred for hospital-based RNA testing and specialist care. Of those, 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, 20% (115 of 568) were HCV antibody positive. Among the 44 people with detectable HCV RNA, 82% ($n=36$) attended their initial appointment, and 70% ($n=31$) initiated and completed treatment. Among 568 participants, 29% have been integrated into a shelter or rented room, 22% have been included in a Housing First program and 13% have applied for employment. This intervention was associated with increased linkage to care compared to control ($P=0.004$).

Conclusions: This decentralized care intervention integrating point-of-care testing, peer-based outreach, and linkage to nursing care has facilitated increased testing and linkage to care among people who use drugs, people who experience homelessness, and migrants.

Disclosure of Interest Statement:

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