

## COMMUNITY POP-UP CLINICS (CPCs): CASCADE OF CARE AND HCV TREATMENT OF VANCOUVER'S INNER-CITY PWID POPULATIONS

### Authors:

Conway B<sup>1,2</sup>, Yi S<sup>1</sup>, Yung R<sup>1</sup>, Sharma S<sup>1</sup>, Truong D<sup>1</sup>

<sup>1</sup> Vancouver Infectious Diseases Centre, <sup>2</sup> Simon Fraser University

**Background:** Several strategies have been proposed to identify hepatitis c virus (HCV) infected inner-city residents, engage them in care, provide them with antiviral therapy, establish conditions to maximize successful treatment completion and, ultimately, reduce opioid overdose-related mortality. This must be accomplished among vulnerable inner-city populations, many of whom are actively using drugs and are facing other issues more challenging than HCV infection, including housing insecurity and active untreated addiction.

**Description of model of care/intervention:** We have evaluated a novel approach of Community Pop-Up Clinics (CPCs) held at places of residence of the target population to identify HCV-infected individuals by point-of-care testing, engage them in long-term multidisciplinary care and provide HCV treatment. We hypothesized that by implementing this CPC program, we will optimize engagement in care, increase successful uptake of HCV therapy and reduce reinfection events and mortality.

**Effectiveness:** From 01/21–12/22 (24 months), we conducted 80 CPCs and evaluated 1420 individuals. 477 (33.6%) were found to carry HCV antibodies. Of these, 331 (69.4%) were found to be viremic, with engagement secured in 289 (87%). 247 (85%) individuals have started treatment, 41 are in the pre-treatment phase, and 1 had died of an overdose in the pre-treatment phase. The median time from CPC attendance to HCV treatment initiation was 6 weeks. Of 247, 233 have completed treatment, 9 are currently on treatment and 1 died of an overdose during treatment. Of the 233, 209 are confirmed as cured, 21 are awaiting SVR 4, 2 have a documented virologic relapse and 1 is reinfected after achieving cure, a rate of 0.31/100 person-years. By mITT, the cure rate is 209/211 (99%). We only documented 2 overdose deaths over 326 PY of overall follow-up.

**Conclusion and next steps:** Taken together, our data validates the development of multidisciplinary programs such as ours to maximize HCV treatment success in vulnerable populations, reduce reinfection rates and, ultimately, save lives.