Rapid point of care RNA testing and treatment for people experiencing homelessness: a peer-led model

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Background & Aims

Innovative Hepatitis C (HCV) interventions are needed to reduce onward transmission and time at risk of infection.

People who inject drugs and who are homeless face elevated injecting harms, greater levels of shared injecting and increased HCV transmission.

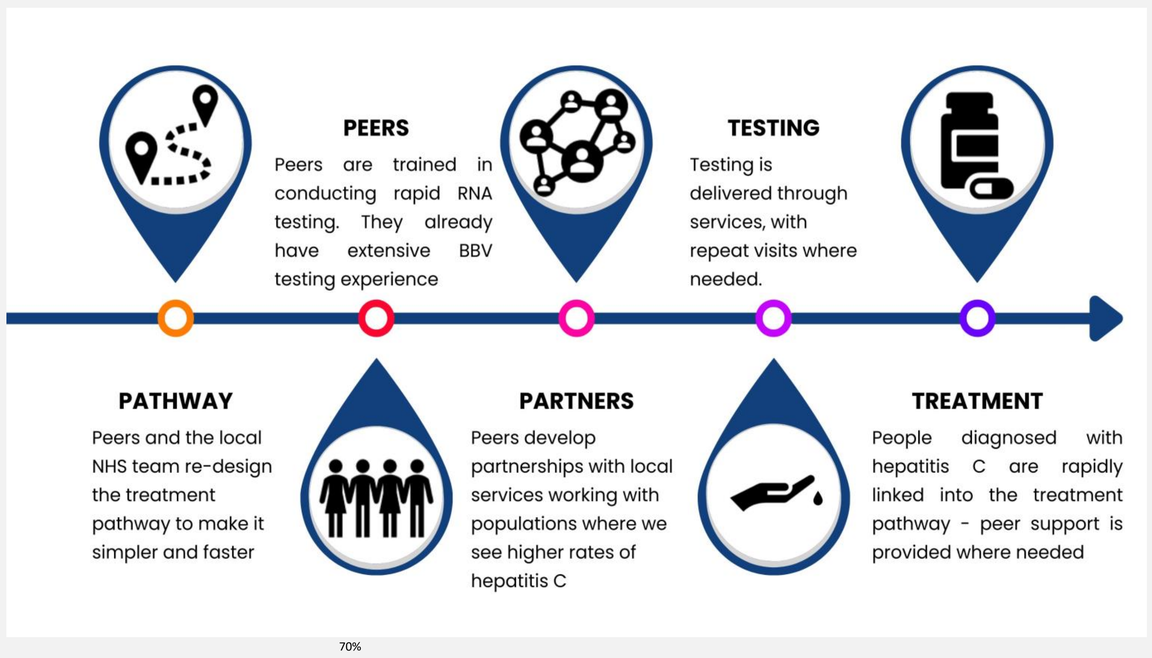
People with lived experience of drug use ('peers') increase engagement, uptake and completion of HCV treatment among vulnerable groups such as people who are homeless.

This project aims to reach, engage, test and treat people experiencing homelessness through a peer-led rapid point of care RNA approach.

Intervention

The Hepatitis C Trust UK's Birmingham Peer Team, National Health Service and local homelessness service partners co-developed a rapid referral HCV pathway to engage, test and treat people experiencing homelessness and in need of HCV testing in and around Birmingham – the UK's second largest city.

Peers conducted on-site HCV clinics in hostels and housing services, through street outreach, drug services and other settings supporting people at increased risk of hepatitis C.



They provided point of care antibody tests and RNA testing using an on-site or mobile GeneXpert device. Antibody results are delivered within 20 minutes and RNA results within 60 minutes.

The referral pathway enables delivery of HCV treatment within days of HCV diagnosis, reducing time at risk of onwards transmission.

Staff ensure they ontain as much information from clients as possible at testing, including alternative phone numbers and details of any places they might spend time in order to minimise loss to follow up.

They also collect details of any medication taken, drug allergies, and gain consent for treatment referral should a test return a positive result.

Impact

1176 people were tested between September 2020 and March 2023

29% had never had an HCV test, though 97% of current and 98% of past injectors reported previous testing.

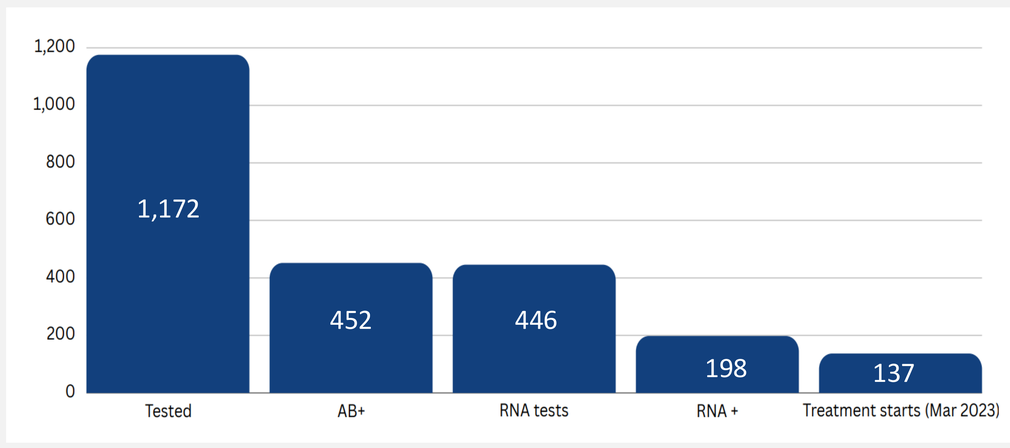
	Female (%)	Male (%)	Total (%)
Tested	198 (16.8)	978 (83.2)	**1176 (100)**
Ave. Age	38.6	41.2	**40.8**
Current injecting	69 (34.8)	269 (27.5)	**338 (28.7)**
Past injecting	40 (20.2)	245 (25.1)	**285 (24.2)**
Never injecting	89 (44.9)	463 (47.3)	**552 (46.9)**

Positive antibody tests were 75% among current and 67% among past injectors. 6 people reporting never having injected had antibodies (1.1%).

552 HCV RNA tests were undertaken, identifying 200 people (17% of all 1176 individuals tested) with hepatitis C

Positivity rates were similar among females (15%) and males (17%)

More current injectors had active hepatitis C (44%) compared to past (17%) and never (0%) injectors.



5 people diagnosed reported never having been tested before. All were male and reported current or former injecting.

This equates to 29% of the 17 people with injecting expereince who were previously untested for hepatitis C.

Conclusions

While rates of HCV in the UK – as in many countries - are coming down, taking a strong outreach approach with point of care RNA testing and rapid treatment continues to identify and treat large numbers of people with untreated HCV.

Peer-led service delivery is key in engaging people and supporting them through testing and diagnosis.

This is also key to reducing onward HCV transmission among likely hidden injecting networks such as people living on the streets and in temporary housing.

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