

THE COMMUNITY POP-UP CLINIC AS A TOOL OF ENGAGEMENT FOR VULNERABLE POPULATIONS WITH HCV AND HIV INFECTION

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Background: The Downtown East Side Vancouver (DTES) is known for HCV and HIV infection high prevalence. Despite available services, significant numbers remain undiagnosed or unengaged in care. There is a need to develop innovative structures to address this issue and understand the level of HCV infection knowledge and interest to seek care.

Methods: Participants were evaluated at community pop-up clinics (CPCs) held at DTES sites (including InSite, the only supervised injection facility in North America), frequented by meal, shelter or other services. HCV and HIV point-of-care testing was offered with access to our multi-disciplinary program. Participants also completed targeted questionnaire for demographic information, HCV infection knowledge and desire to receive care. A \$10 incentive was offered for participation.

Results: Since 01/14, 911 individuals (mean age 46.3, 75.3% male) were tested, with 306 (33.6%) infected with HCV infection and 30 (3.3 %) co-infected with HIV. Of 475 PWID, 264 (55.6%) were infected with HCV, and 26 (9.8%) co-infected with HIV. Of these 79 (10 with HIV infection) were not previously known to be infected. Participants identified HCV transmission as occurring through casual contact (17.5%), unprotected sex (55.8%), sharing needles (75.8%), sharing injection equipment (52.9%), or blood transfusion (63.1%). Only 67.5% were aware of HCV infection cure, and 78.5% would consider treatment for it.

Conclusions: Despite the DTES widespread availability of HIV and HCV services, our program identified 79 and 10 new cases of HCV and HIV infection and offered individuals the opportunity to engage in care. There is a significant gap in HCV transmission knowledge, but general willingness to receive care in this population. Innovative low-threshold programs may be a tool to address HCV and HIV infection in this population.