



# Onsite Hepatitis C (HCV) Testing in Shelters is Successful in Scaling up HCV Identification among Their Homeless Clients: Implications for HCV Elimination Efforts

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## Background

- Limited data suggests hepatitis C (HCV) is highly prevalent among the homeless population.
- Despite the need for HCV care, barriers to scaling up HCV testing and treatment in this population persist.
- Results from this study will be used to help with implementation of universal testing and improve access to HCV therapy within the shelters of two large urban centers.

## Aim

- We aimed to implement onsite HCV testing, assess prevalence of HCV, and identify barriers to testing and linkage to HCV care among individuals accessing homeless shelters.

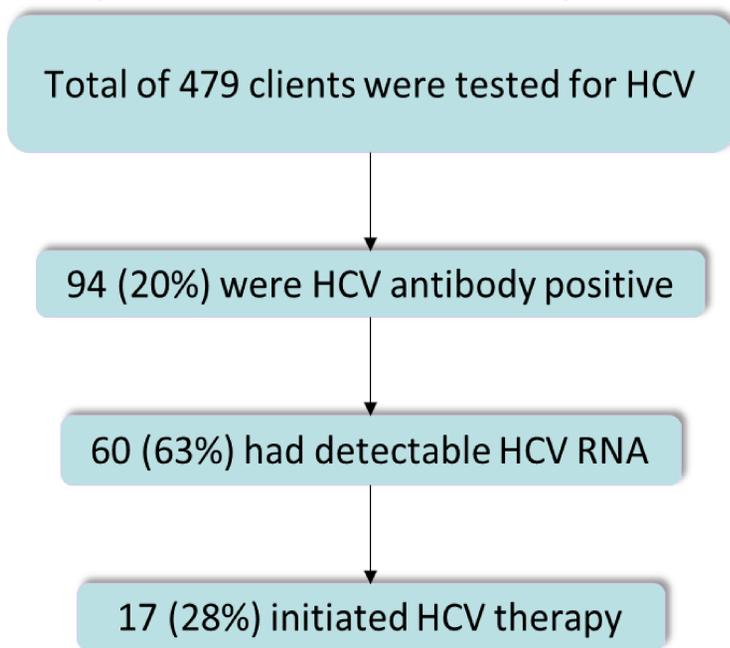
## Methods

- HCV rapid testing was offered to homeless clients at four large shelters in San Francisco and Minneapolis.
- Clients completed questionnaires that gathered data on sociodemographic status, HCV risk, testing history, barriers to testing, and interest in HCV therapy.
- Participants were given a \$25 incentive and information about HCV and those who tested positive underwent formal HCV education.
- Descriptive analysis was performed and predictors of HCV disease awareness and prior testing were assessed using multivariable logistic regression.

## Results

- A total of 479 clients (279 in SF, 200 in MN) were tested. (Figure 1)
- Of the HCV ab positive patients, 14% and 4% were coinfecting with HIV and HBV, respectively.

Figure 1. Participant Flow and Testing Results



## Results

- Client characteristics are summarized in Table 1.

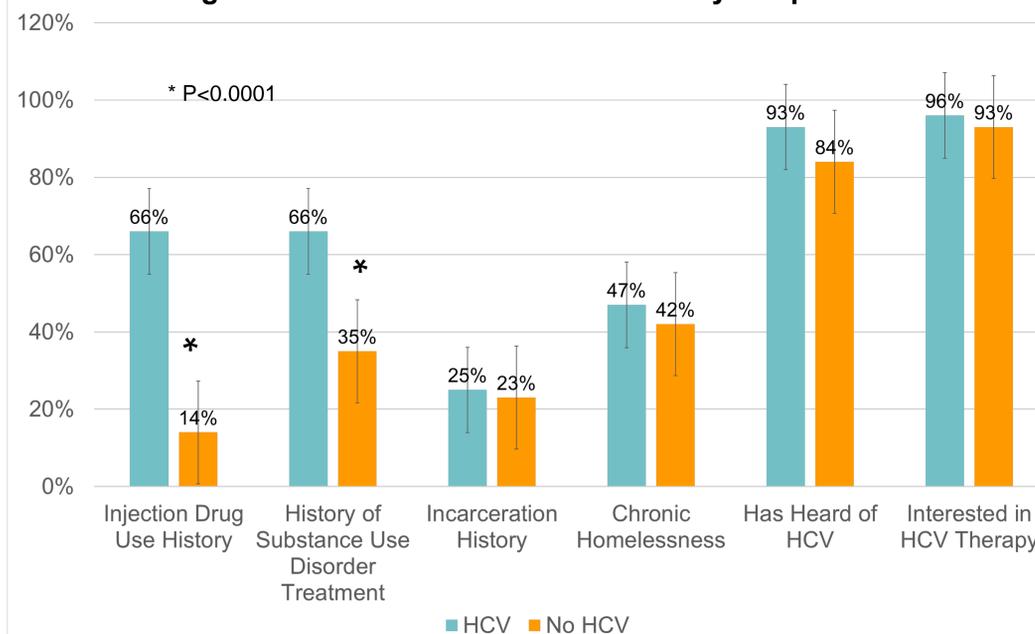
Table 1. Client Characteristics

Median age, (range), years	54 (43-60)
Male Sex (%)	68
Race (%)	
African American	53
White	33
Native American	10
Other	4
Ethnicity (%)	
Hispanic	12
Non-Hispanic	88
Education (%)	
Elementary School	3
More than Elementary but no High School	12
High School Diploma/GED	39
More than High School Level	44
Insurance status (%)	
Insured	88
Public Insurance	89
Uninsured	12
Has a Healthcare Provider (%)	74
History of prior HCV testing (%)	52

- HCV (vs no HCV) clients were older (median age 56.2 vs 52.2 years), and had higher rates of injection drug use (IDU) history and substance use disorder treatment. (Figure 2)

- A similar proportion of those with or without HCV had heard of HCV and were interested in HCV therapy if infected.

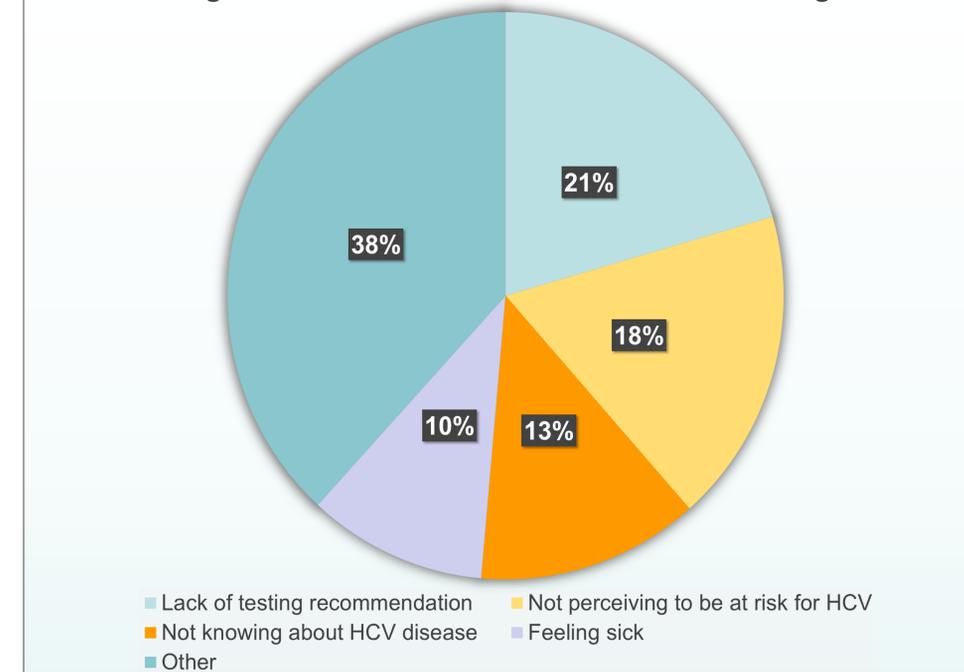
Figure 2. HCV vs. No HCV Client Survey Responses



## Results

- On multivariable analysis, IDU was the only predictor of awareness of HCV disease (OR 2.7, 95%CI 1.1-6.8, p=0.03) and prior testing (OR 1.8, 95%CI 1.1-3.0, P=0.02) independent of insurance or primary care status.

Figure 3. Reasons For Lack of Prior HCV Testing



- The most common reasons for lack of prior receipt of HCV testing were lack of testing recommendation by a provider, followed by not perceiving to be at risk for HCV. (Figure 3)

## Conclusions

- Leveraging existing infrastructure contributed to successful implementation of HCV point-of-care testing within shelters.
- Within our tested population, about 1 in 5 homeless clients were HCV positive and majority were interested in receipt of therapy.
- Despite nearly 90% of patients having insurance and 75% having a provider, patients identified important barriers to testing which included lack of testing recommendation by a provider, low perceived risk for HCV, and lack of awareness of HCV.
- This highlights the critical importance of client and provider education in promoting HCV awareness and testing in this population.

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