

The Community Pop-up Clinic (CPC): HIV Treatment in a vulnerable population of people who use drugs (PWUD)



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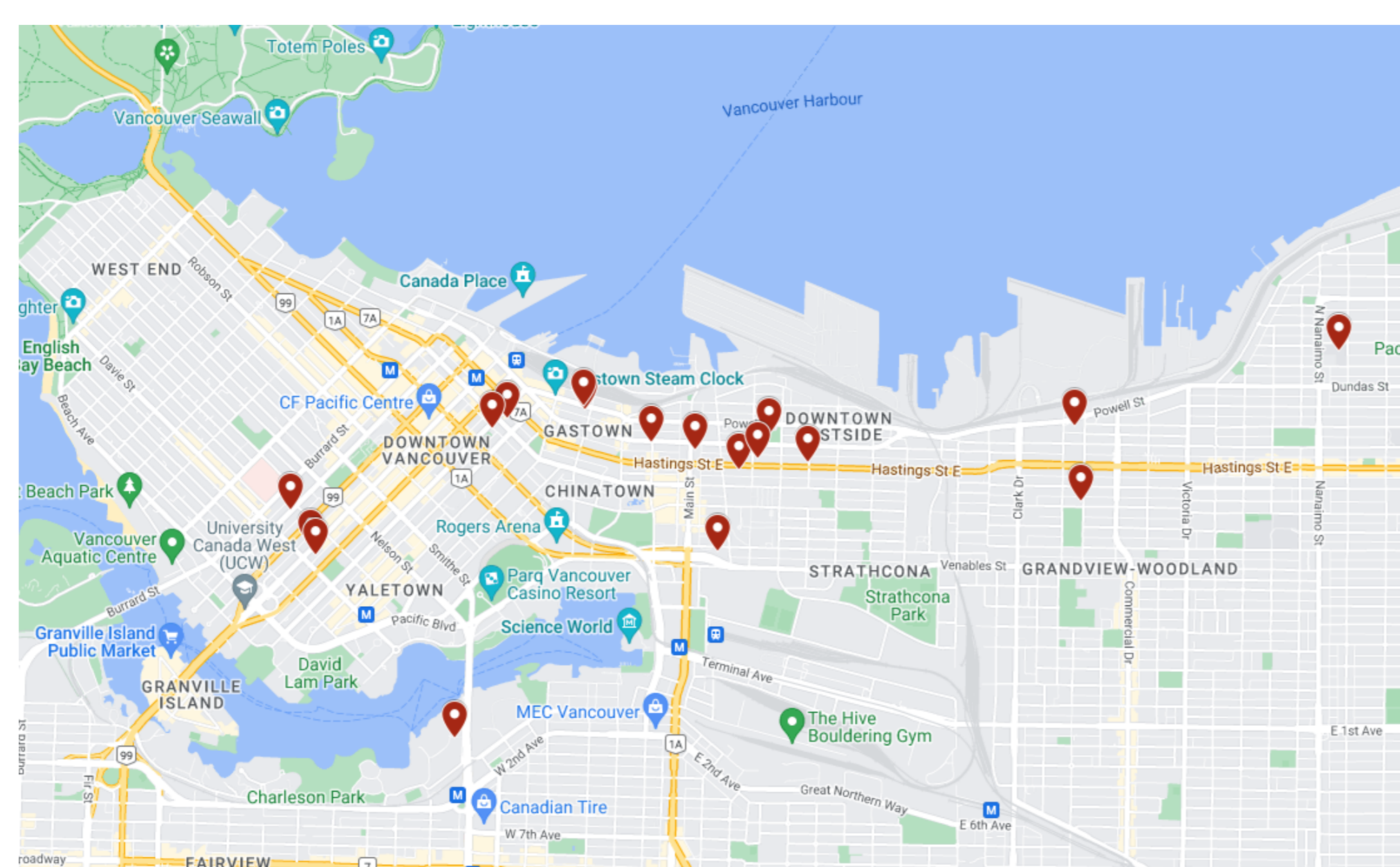


Background

Human Immunodeficiency Virus (HIV) infection remains a major global public health concern, and recent data indicates that new HIV infections are increasing in PWUD in Canada. Joy et al. conducted multiple phylogenetic analyses on HIV sequence data from British Columbia, Canada, to measure the effects of COVID-19-related health service disruptions on HIV transmission patterns among different high-risk groups. Their findings indicated a rise in HIV transmission after the COVID-19 restrictions were enforced, particularly with people who inject drugs. The Downtown Eastside (DTES) neighborhood in Vancouver, BC, is recognized as one of North America's largest urban open drug scenes and Canada's poorest urban postal code. The individuals living in this area face widespread drug use, poverty, violence, mental health issues, and infectious diseases. Our group at VIDC has clearly shown that HIV care is best delivered in a broader context that initial focuses on engagement in the health care system, the provision of multidisciplinary care and the development of structures that will provide long-term care and minimize loss to follow-up. Identifying individuals with HIV infection and ensuring their engagement in treatment is imperative to reducing the burden of HIV in this population.

Methods

The structure that operationalizes this is the Community Pop-Up Clinics (CPC) conducted in the DTES, collaborating with over 30 community partners. CPCs are currently conducted one or two times a week and are held at different central locations in the inner city, often in collaboration with housing societies. Up to 30 individuals are seen and offered point-of-care diagnostic testing for HIV infection at each event. Individuals testing positive for HIV and not currently engaged in treatment are offered immediate engagement in care to address medical, mental health, social and addiction-related needs (including education about safer practices, naloxone training, and access to opioid agonist therapy and safer supply). Patients are monitored by our team of healthcare professionals, in this context.



Results

Over the course of 35 months, from January 2021 – November 2023, 125 CPCs were conducted (3.5 events/ months) and 2111 individuals underwent point-of-care testing for HIV and HCV antibody detection. We found that 68 participants (3.2%) tested positive for HIV antibodies. Of these individuals, 45 (66.2%) were also positive for HCV. Of the 68 participants who tested positive for HIV, 59 (87%) are currently being prescribed antiretroviral therapy. Two (3%) individuals are currently not on ARV therapy, and the status of 6 (9%) individuals is currently unknown.



Results Continued

| Baseline Characteristics of Participants | N=68 | N (%) |
|--|-------------------|-------------------|
| Median Age (range) | 50 | (25-66) |
| IQR | 41-56 | |
| Sex (n, %) | | |
| | Female | 24 (35.3%) |
| | Male | 41 (60.3%) |
| Ethnicity | | |
| | Caucasian | 16 (23.5%) |
| | Indigenous | 21 (30.8%) |
| | Other | 5 (7.4%) |
| MSM | 6 | (8.8%) |
| History of Drug use (Self-reported) | | |
| | Yes | 28 (41.2%) |
| | No | 13 (19.2%) |
| History of Drug Overdose | | |
| | Yes | 26 (38.2%) |
| | No | 16 (23.5%) |
| History of Incarceration | | |
| | Yes | 28 (41.2%) |
| | No | 14 (20.6%) |
| Housing Stability | | |
| | Yes | 22 (32.4%) |
| | No | 22 (32.4%) |



Conclusions

Our strategy for engagement in care using CPC point-of-care testing is highly successful, and we see a high rate of initiation of therapy and retention in care. An efficient multidisciplinary care model is essential to ensure that vulnerable populations not engaged with care become involved and remain engaged.

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