HIV INFECTION RISK IN HOMELESS PARTICIPANTS IN COMMUNITY PORTABLE CLINICS

A MULTIDISCIPLINARY APPROACH TO ENGAGE IN CARE HIV-INFECTED INDIVIDUALS WITH UNSTABLE HOUSING

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VANCOUVER ID RESEARCH AND CARE CENTRE SOCIETY

BACKGROUND:

- The Downtown East Side (DTES) of Vancouver (population 18,000, with 12,000 active/recent illicit drug users - IDUs) is well known for its high prevalence of HIV and HCV infections, as well as a number of other social challenges, including high rates of poverty, prostitution, homelessness, and crime.

- Despite widespread availability of services to treat PLWHIV, many individuals remain undiagnosed or unengaged in care.

https://www.google.ca/search?q=downtown+vancouver+eastside+map&rls=com

METHODS:

- The model of the community portable clinic (CPC) was developed by VIDC team
- Implemented on the DTES
- HIV and HCV Point-of-care testing were offered
- Participants were invited to complete a survey
- A $10 incentive was offered
- A subset of study participants identifying themselves as homeless were included in this analysis

FIRST UNITED CHURCH

THE SALVATION ARMY

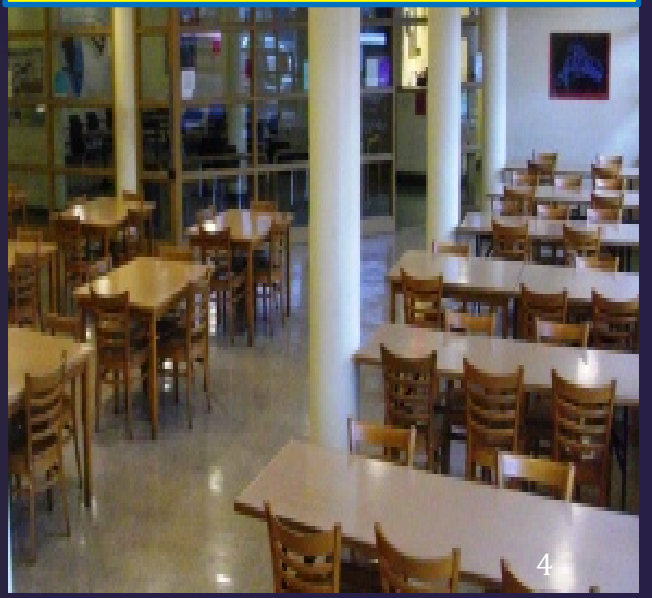
THE CARNEGIE HALL

UNION GOSPEL MISSION

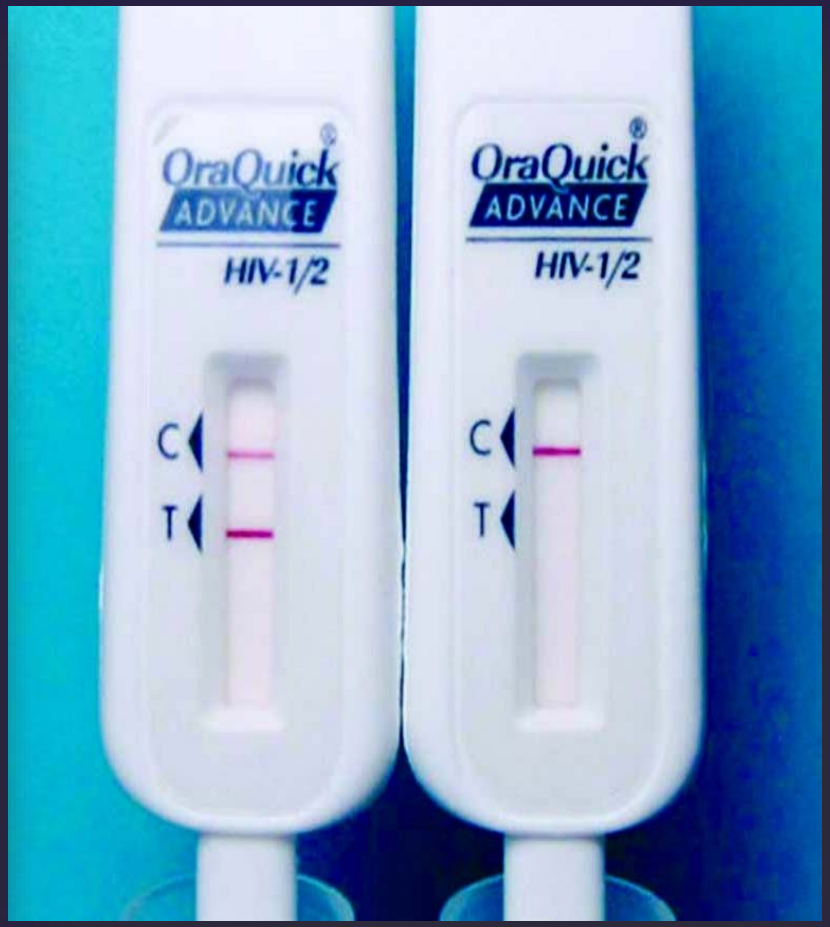
THE DUGOUT

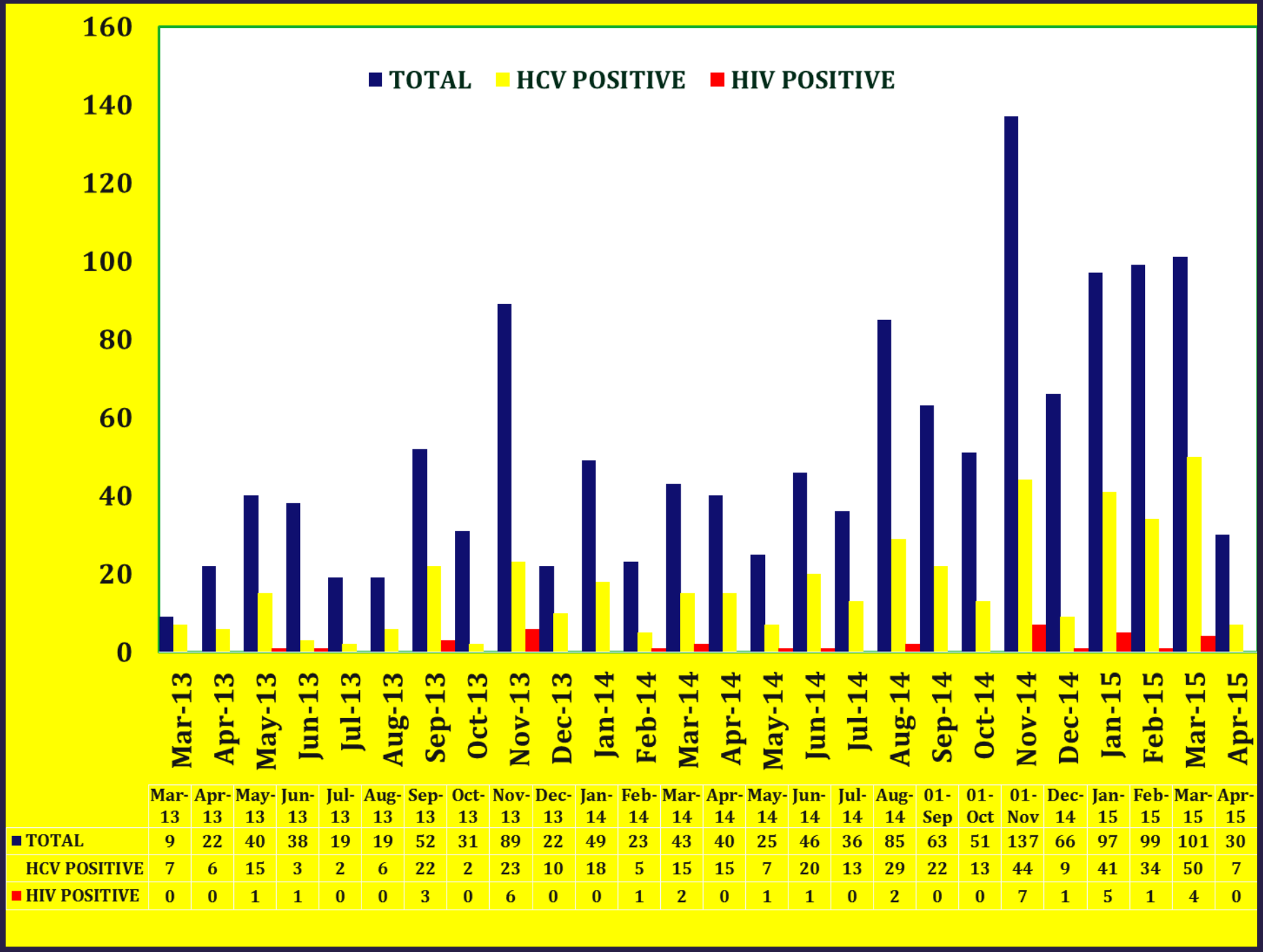
INSITE

EVELLYNE SALLER CENTRE



ORAQUICK HIV AND HCV TESTS





	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	01-Sep	01-Oct	01-Nov	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
TOTAL	9	22	40	38	19	19	52	31	89	22	49	23	43	40	25	46	36	85	63	51	137	66	97	99	101	30
HCV POSITIVE	7	6	15	3	2	6	22	2	23	10	18	5	15	15	7	20	13	29	22	13	44	9	41	34	50	7
HIV POSITIVE	0	0	1	1	0	0	3	0	6	0	0	1	2	0	1	1	0	2	0	0	7	1	5	1	4	0

			TOTAL 1125
1. AGE	AVERAGE AGE	46.3	
2. ETHNICITY	ASIAN	26	2.31%
	BLACK	26	2.31%
	FIRST NATIONS	320	28.44%
	WHITE	640	56.89%
	OTHERS	110	9.78%
3. GENDER	MALE	831	73.87%
	FEMALE	271	24.09%
	TRANSGENDER	7	0.62%
4. MARITAL STATUS	SINGLE	823	73.16%
	MARRIED/COMMON LAW PARTNERSHIP	155	13.78%
	WIDOWED	35	3.11%
	DIVORCED	113	10.04%
5. CURRENT LIVING CONDITION	LIVE ALONE (HOUSE, APARTMENT)	501	44.53%
	SHARE ACCOMMODATION (HOUSE, APARTMENT)	172	15.29%
	LIVE IN RESIDENCE OR SHELTER	214	19.02%
	HOMELESS	248	22.04%
6. EDUCATION COMPLETED	LESS THAN ELEMENTARY SCHOOL	39	3.47%
	ELEMENTARY SCHOOL	128	11.38%
	HIGH SCHOOL	658	58.49%
	COLLEGE OR UNIVERSITY	294	26.13%
7. CURRENTLY	WORKING	157	13.96%
	NOT WORKING	702	62.40%
	STUDYING	43	3.82%
	RETIRED	132	11.73%
8. INCARCERATED	NO	480	42.67%
	YES	591	52.53%
9. GENERAL HEALTH	EXCELLENT	81	7.20%
	VERY GOOD	215	19.11%
	GOOD	389	34.58%
	FAIR	332	29.51%
	POOR	98	8.71%
10. TESTED FOR HCV	YES	777	69.07%
	NO	221	19.64%
	I DO NOT KNOW	113	10.04%
11. TESTED FOR HIV	YES	837	74.40%
	NO	199	17.69%
	I DO NOT KNOW	60	5.33%
12. HEALTH CONDITIONS	HEPATITIS B	71	6.31%
	HEPATITIS C	326	28.98%
	HIV/AIDS	41	3.64%
	CHLAMYDIA	86	7.64%
	HERPES	57	5.07%
	SYPHILIS	39	3.47%
	WARTS	51	4.53%
	GONORRHOEA	87	7.73%

			TOTAL -1125
13. DRINKING ALCOHOL	**NEVER**	387	34.40%
	LESS THAN ONCE A DAY	477	42.40%
	1-2 TIMES PER DAY	88	7.82%
	3-4 TIMES PER DAY	65	5.78%
	MORE THAN 4 TIMES PER DAY	68	6.04%
14. PREVIOUS OR CURRENT	**INJECTED DRUGS**	497	44.18%
	SHARED NEEDLES	112	9.96%
	SHARED OTHER INJECTION EQUIPMENT	165	14.67%
	NEVER INJECTED OR SHARED	468	41.60%
15. HAVING SEX	**WITH WOMEN**	650	57.78%
	WITH MEN	200	17.78%
	BOTH	94	8.36%
16. PROTECTIVE MEASURES	**ALWAYS**	380	33.78%
	MOST OF THE TIME	247	21.96%
	SOMETIMES	225	20.00%
	NEVER	203	18.04%
17. HCV IS TRANSMITTED	**BY TOUCHING/KISSING/COUGHING/SNEEZING**	234	20.80%
	BY HAVING UNPROTECTED SEX	633	56.27%
	BY SHARING NEEDLES	783	69.60%
	BY SHARING EQUIPMENT	618	54.93%
	BY BLOOD TRANSFUSION	724	64.36%
18. HIV IS TRANSMITTED	**BY TOUCHING/KISSING/COUGHING/SNEEZING**	158	14.04%
	BY HAVING UNPROTECTED SEX	832	73.96%
	BY SHARING NEEDLES	795	70.67%
	BY BLOOD TRANSFUSION	750	66.67%
19. IS THERE CURE FOR HCV	**YES**	629	55.91%
	NO	181	16.09%
	I DO NOT KNOW	280	24.89%
20. CONSIDER HCV TREATMENT	**YES**	908	80.71%
	NO	63	5.60%
	I DO NOT KNOW	93	8.27%
21. HCV TREATMENT	**I DO NOT NEED TREATMENT**	398	35.38%
	I DO NOT KNOW WHERE TO GET TREATED	218	19.38%
	I DO NOT LIKE VISITING DOCTORS OR NURSES	121	10.76%
	I CAN NOT PAY FOR THE TREATMENT	228	20.27%
	I AM WORRIED ABOUT SIDE EFFECTS	289	25.69%
22. I AM GETTING TESTED	**I WANT TO KNOW IF I AM INFECTED**	669	59.47%
	I HAVE BEEN TOLD I AM INFECTED	71	6.31%
	I AM JUST PARTICIPATING	516	45.87%

RESULTS:

Survey Participants: 1125
Homeless: 22.0%
Live in Residence or Shelter: 19.0%
Share Accommodation: 15%
Aboriginal: 32.3%
Single: 78.6%
Graduated High School: 82.6%
Not Working: 73.8%
Previously Incarcerated: 64.5%
Previously Tested for HCV and HIV: 79.0% and 82.7%
Injecting Drugs: 75.4%
Infected with HCV or HIV: 50.3% and 3.2%

CARE AT VIDC:

- Ongoing improvements in antiretroviral (ARV) treatment have transformed HIV into a chronic, manageable condition, but this benefit may be mitigated in vulnerable individuals with unstable housing.

METHODS:

- The further analysis included PLHIV who have been attending an inner city clinic on a regular basis for management of their HIV infection since 2013
- Data were collected retrospectively by chart review
- Absolute homeless and precariously housed individuals were included

RESULTS:

- Stably engaged in care Since 2013: 430 PLHIV
- Homeless PLHIV: 52 (12.1%) (mean age 51, 82.7% males, 90.4% injection drug users, 23.1% on methadone maintenance therapy)
- HCV Co-infected: 86.5%
- Attended Weekly Support Group on a Regular Basis: 57.7%
- On ARV: 98.1%
- Undetectable HIV plasma VL measures (<40 copies/mL): 58.8%
- Virologic Blips (<250 copies/mL): 21.6%
- Less Favourable Virologic Responses: 19.6%
- Increase in median CD4 count from 420 to 520 cells/mm^3
- Received HCV treatment: 37.0% (47.0% used illicit drug)
- SVR: 57.9%
- Recurrent HCV Viremia: 18%

CONCLUSIONS:

- Despite the widespread availability about **ONE IN FIVE HOMELESS INDIVIDUALS ON THE DTES DO NOT APPEAR TO HAVE EVER BEEN TESTED FOR HIV** and HCV, with many exhibiting significant risk behaviors for disease acquisition.
- Through VIDC program, small numbers have already been successfully engaged in care. New approaches to the diagnosis and treatment of HIV and HCV infection are urgently needed in this community.

CONCLUSIONS:

- Despite multiple competing social and medical issues, PLHIV with many vulnerabilities and housing instability can be engaged in health care and manage HIV and HCV infections, with over 98% on ARV treatment, and a significant number having received HCV therapy.
- Additional measures for housing issues must be considered to enhance engagement in care of these particularly vulnerable individuals to optimize adherence to ARV agents to optimize virologic efficacy and to reduce the risk of HCV re-infection following its successful treatment.

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THANK YOU!

QUESTIONS?