Mobile HCV Screening in At-Risk Urban Population Identifies Significant Fibrosis
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Background
• Most people living with hepatitis C virus (HCV) remain undiagnosed, impacting HCV elimination efforts.
• People living with HCV experience many barriers to care.
• Community-based HCV services may mitigate disparities in the HCV care cascade.
• We designed a mobile unit to bring HCV screening and liver fibrosis staging to at-risk communities in San Francisco.

Methods
• A university shuttle bus was furnished with a phlebotomy station, Fibroscan®430 Mini+ and clinical exam table
• HCV antibody (Ab) screening, confirmatory HCV RNA testing, and liver stiffness measurements (LSM) were performed at several locations in San Francisco (Figure 1)
• Significant fibrosis and advanced fibrosis were defined as liver stiffness measurement of ≥7.0 kPa and ≥9.5 kPa, respectively.

Results
• From 1/17/2019-2/4/2020, 557 clients completed HCV Ab screening on the van at:
  • Street outreach sites (n=377, 68%)
  • Community events (n=53, 10%)
  • Outside methadone programs (n=127, 23%)
• Median age was 53 (IQR 42-61), 67% were male, 51% reported living outdoors or in a vehicle in the past year, and 6% were living with HIV (Table)
• 209 were HCV Ab+ (38%), although HCV Ab+ prevalence varied by screening location (Figure 2)
• 160 (77%) had HCV RNA testing performed (Figure 3) and 61 (38%) of those tested were HCV RNA+
• 70 of the HCV Ab+ underwent LSM, including 35 HCV RNA+
• 36 (51%) had significant fibrosis (≥F2)
• 19 (27%) advanced fibrosis (≥F3).
• Fibrosis prevalence was similarly high regardless of HCV RNA status.
• Among the 61 HCV RNA+
  • Most had health insurance (92%) and a PCP (62%)
  • 38 were referred to further HCV care, including 14 who have started HCV treatment on the van.

Conclusions
• HCV screening on a mobile van throughout San Francisco demonstrated a high prevalence of HCV Ab+ (38%) among high-risk groups, with one-fourth having advanced fibrosis.
• Despite the majority having insurance and a PCP, 38% of the HCV Ab+ had active HCV viremia.
• This underscores the need for heightened efforts to improve HCV treatment access to high-risk groups and has motivated a program offering HCV treatment on the mobile unit.

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