

Blood borne viruses screening (BBVS) for temporarily housed rough sleepers during the Covid-19 pandemic

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Background

At the start of the Coronavirus pandemic the UK Government pledged to house all rough-sleepers in temporary accommodation. This provided healthcare workers with a unique opportunity to access this 'hard-to-find' group, offer blood borne viruses screening (BBVS) and link clients who tested positive into individualised treatment.

Approach

- A collaborative working group made up of HIV clinicians, HIV prevention specialists, hepatitis C outreach nurses and health-engagement workers for the rough sleepers, compiled and approved comprehensive risk-assessments for each testing venue
- PPE supplies and dried blood spot tests were procured from Birmingham PHE labs. Posters were designed and widely distributed
- Two experienced outreach workers worked along-side trusted homeless key-workers to offer BBVS (HIV, hepatitis B&C) in hotels, a hostel and student halls over 13-weeks (Jun-Sep 2020). Clients were also offered STI screening and contraceptive needs were discussed
- By working together in a pair, the outreach workers were able to safely visit clients rooms to increase uptake
- Clients were offered £5 food-voucher for participating

Results

- 270 clients were housed during this time**
- 95% (256) were offered BBVS of whom 72% (192) tested
 - 148 (77%) tested 'mainly due to the incentive'
- Of the 192 testers :**
- median age was 40 years (range 18-69)
 - 83% (161) were male
 - 85% (164) were white-British
 - 93% (179) were heterosexual

Risk factors

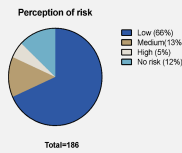
- 54 (28%) stated previous IVDU
- 39 (20%) other drug use
- 92 (48%) prison as risk-factors
- 70 (36%) had not previously tested for BBVs

BBV results

- 31 (16%) were hepatitis C antibody positive
- 13 (7%) RNA positive
- No new HIV diagnoses (two clients re-engaged with care)
- Two vulnerable clients engaged with sexual health and contraception (SHAC) services

Challenges included:

- lab delays due to competing Covid-19 testing
- engaging with disenfranchised clients
- setting up an outreach testing project during a pandemic
- low perception of risk across the cohort



Outcomes

To date 12/13 are aware of the diagnosis:

- 1 person left the area and has not been traced
- 4 have started treatment
- 5 have deferred treatment
- 3 did not engage with services despite being aware of the diagnosis

Most clients (80%) considered the service useful, and 100% would recommend to others and many described relief at knowing their status



Conclusion

This project brought together a multidisciplinary collaboration, drawing on specialist knowledge to meet complex needs. Despite challenges during a pandemic, we obtained a useful snap-shot of BBV rates. We saw high levels of acceptability and uptake. Offering an incentive to a cohort sensitised to BBVS was important. New outreach testing opportunities were identified which will be progressed in 2021.

