



An Update on HCV Services

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End Hep C SF in 2020: Persistence

- ❖ Testing and direct service programs swiftly incorporated policies to limit the risks of COVID and support the health of community and staff.
- ❖ End Hep C SF transitioned work group and coordinating committee meetings to Zoom. Groups convened throughout the pandemic
- ❖ HCV treatment, harm reduction and healthcare at SIP hotels
- ❖ Published [Evaluation Dashboard data](#) and [2020-2022 Strategic Plan](#)

End Hep C SF is a [collective impact initiative](#). It consists of three workgroups, a coordinating committee and an executive advisory committee.



End Hep C SF in 2020: Challenges

- ❖ Communities of San Franciscans in need of support and connection experienced the fragmentation of their resource systems and health-related risks
- ❖ DPH staff were activated as disaster workers
- ❖ Community testing efforts were impacted by the pandemic
- ❖ Staff at community based organizations experienced disruptions in work, including difficulty maintaining connection with the communities they serve, short-staffing and layoffs
- ❖ Some epidemiologists and medical doctors were assigned to projects related to COVID

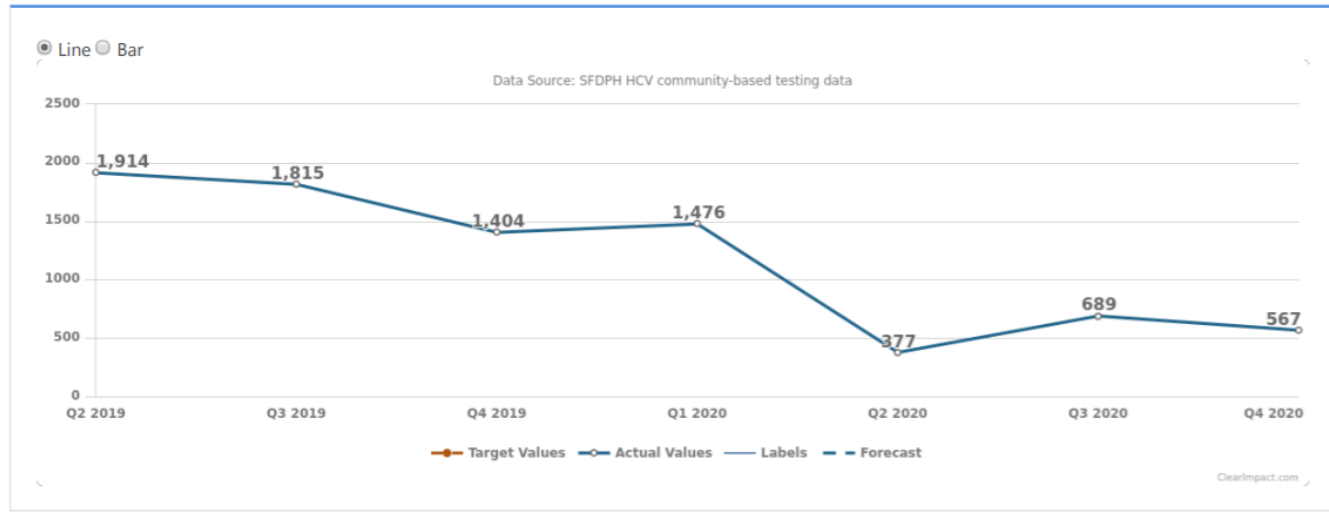
HCV Testing and Data

- ❖ Between 2017-2020 more than 11,500 people were tested for HCV
- ❖ In the second quarter of 2020, the COVID-19 pandemic impacted the number of tests performed

Antibody Testing - EHCSF and 2 more...

of community-based antibody tests

567 Q4 2020

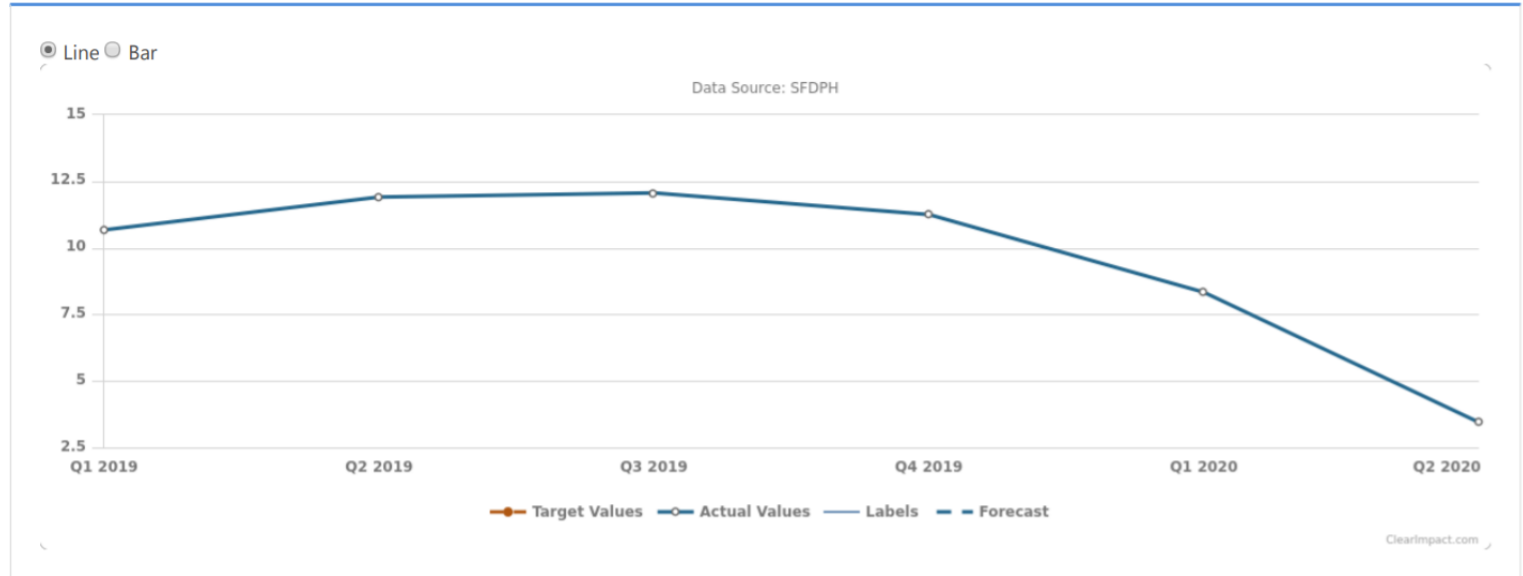


HCV Testing Positivity Rates (2019, 2020)

Positivity Rate - EHCSF

Positivity rate

3.4% Q2 2020

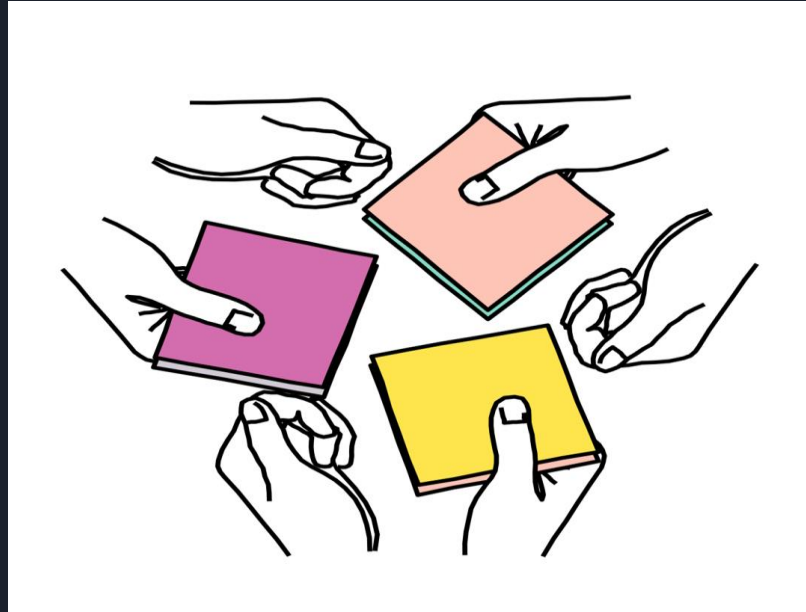




HCV Navigation Services at Shanti

- ❖ Clients receive 1-on-1 support from CN
- ❖ Care navigation includes treatment readiness, adherence, reinfection, and related psychosocial support
- ❖ Advocacy to assist with navigation of the system of care
- ❖ Services are client-led and based in the principles of harm reduction
- ❖ Navigation often includes: appointment accompaniment, pharmacy assistance, emotional support, HCV education, and psychosocial support (e.g. linkage to behavioral health, assistance with Coordinated Entry, applying for benefits)

Reengaging and Rethinking





Reengaging and Rethinking

- ❖ What have we learned?
 - Example: Community resiliency
- ❖ How can we apply what we have learned to improve services?
 - Example: Relaunching HCV peer navigator programs
- ❖ Can we identify novel opportunities for collaboration and outreach?
 - Example: End Hep C SF's public community meetings

