

In the midst of chaos... there is opportunity

Sun Tzu - The Art of War





Accessing care – we come to you

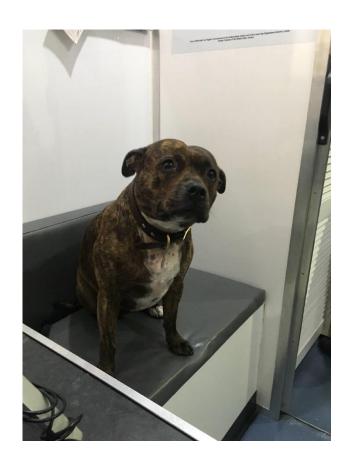




Peer support

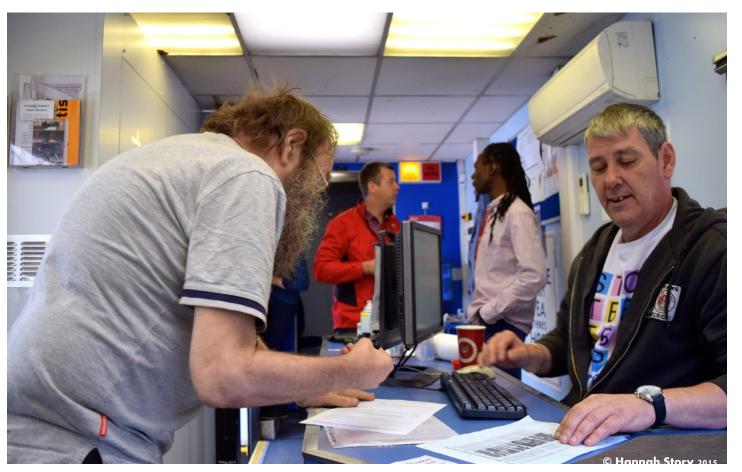


All welcome





Low threshold



Non-invasive

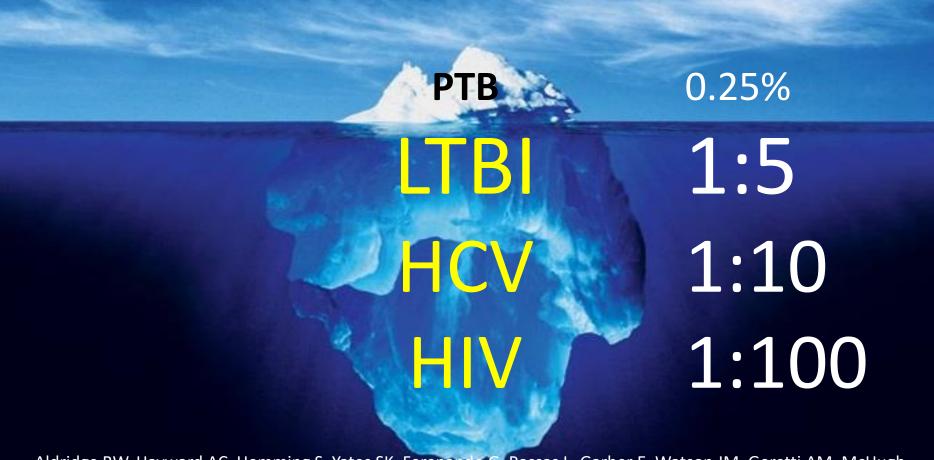


We're nice to you



Results on the spot





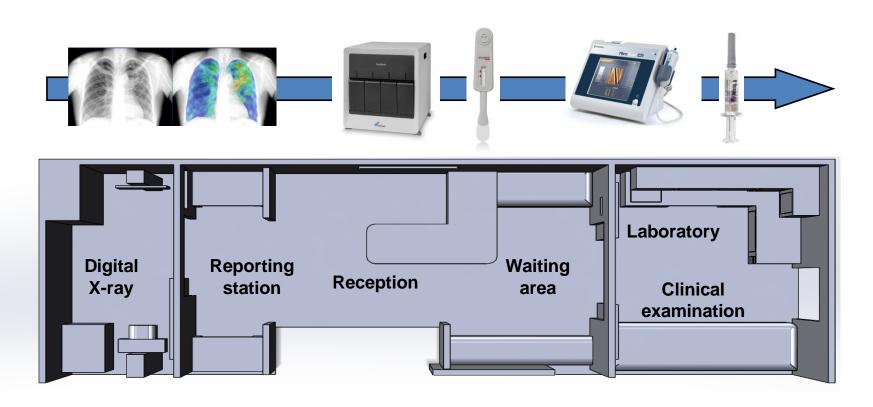
Aldridge RW, Hayward AC, Hemming S, Yates SK, Ferenando G, Possas L, Garber E, Watson JM, Geretti AM, McHugh TD, Lipman M, Story A. High prevalence of latent tuberculosis and bloodborne virus infection in a homeless population. Thorax. 2018 Jun;73(6):557-564

High prevalence of latent tuberculosis and bloodborne virus infection in a homeless population

Robert W Aldridge, ^{1,2} Andrew C Hayward, ^{1,2,3} Sara Hemming, ^{1,2,4} Susan K Yates, ^{1,2,4} Gloria Ferenando, ^{1,2,4} Lucia Possas, ^{1,2,4} Elizabeth Garber, ^{1,2,4} John M Watson, ¹ Anna Maria Geretti, ⁵ Timothy Daniel McHugh, ⁶ Marc Lipman, ^{4,7} Alistair Story⁸

- Strong co-linearity between BBV and TB infection among homeless people
 - driven by Opiate and Cocaine Use
- 17% TB infected 10% chronic HCV
 - 29% HCV+ have LTBI / 26% LTBI have HCV
- 1% HIV (5/491 3 not Rx engaged)

FIND TREAT Integrated One-stop-shop screening



"Be fast, have no regrets. You must be the first mover. The virus will always get you if you don't move quickly,"

"Perfection is the enemy of the good when it comes to emergency management,"

DR. Mike Ryan Executive Director of World Health Organization.- 13 Mar 2020

January 20th 2020

The first confirmed cases outside mainland China occurred in Japan, South Korea and Thailand, according to the WHO.

January 29th 2020

The UK's first two patients test positive for Coronavirus after two Chinese nationals from the same family staying at a hotel in York fall ill.

February 28th 2020

UK authorities confirm the first case of the illness to be passed on inside the country.

March 4th 2020

Cases of Covid-19 in the UK increase from 34 cases to 87

March 23rd 2020 Lockdown (6,650 cases)







Press release

£3.2 million emergency support for rough sleepers during coronavirus outbreak

Communities Secretary Robert Jenrick announces £3.2 million emergency funding to help rough sleepers to self-isolate.

Published 17 March 2020

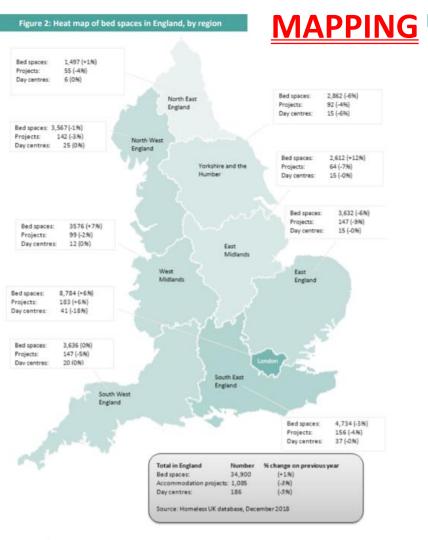
From: Ministry of Housing, Communities & Local Government and The Rt Hon Robert
Jenrick MP

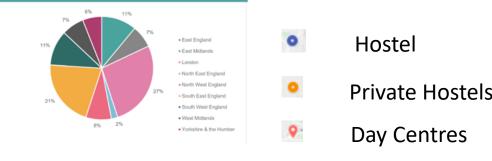
Ministers asking English councils to house all rough sleepers, says charity

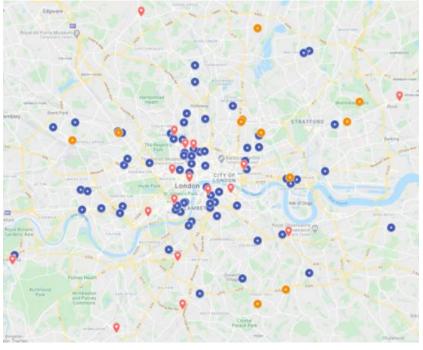
Government also wants all those in hostels and shelters housed by weekend, Crisis says

- Coronavirus latest updates
- See all our coronavirus coverage



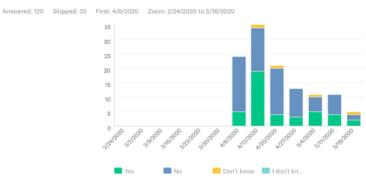




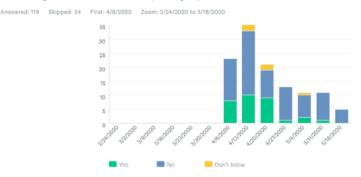


ACTIVE SURVEILLANCE OUTREACH OF TESTING AND ADVICE

Have any residents developed symptoms of COVID-19 (i.e. a high temperature (or feeling feverish), and/or a new or worsening continuous cough) within the last 14 days?



Have any hostel staff developed symptoms of COVID-19 in the last 14 days?

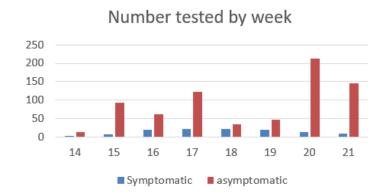


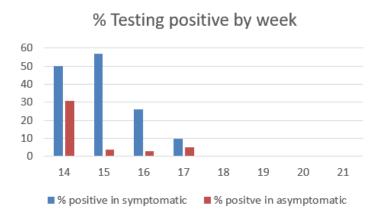
158 Venues under active surveillance

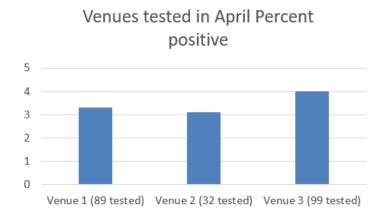
In the last 24 hours have any staff or residents developed symptoms of COVID-19?

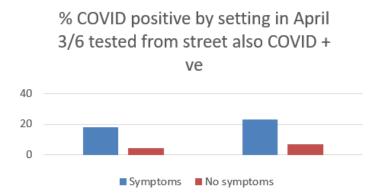


RESPONSIVE OUTREACH & TESTING → ISOLATION & OBSERVATION









3-4% Prevalence

vs. 30-40% in USA Hostels

158 venues under surveillance

58 venues outreach testing

841 Swabs

2 teams1 Peer plus 1 HCW+ 1 coordinator/Data-managerPublic Health trainee

How a hotel is stemming the tide of Covid-19 among rough sleepers







Facility layout considerations

Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

- For clients with mild respiratory symptoms consistent with COVID-19:
 - Align mats/beds so clients sleep head-to-toe



Coronavirus: Funding for rough sleepers' emergency scheme to end

① 16 May 2020 **f** ② **y ☑ <** Share

Coronavirus pandemic



The Guardian

Fears for homeless as leak suggests rough sleeper funding will end

UK ministry denies money to provide hotel accommodation during Covid-19 crisis will stop

- Coronavirus latest updates
- See all our coronavirus coverage



SARS-CoV-2 transmission is thought to mostly be via respiratory droplets coming from infected individuals.

Lai CC, Shih TP, Ko WC, Tang HJ, Hsueh PR. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): the epidemic and the challenges. Int J Antimicrob Agents. 2020; 55105924

Submicron droplets (i.e. aerosols), produced during speech and coughing can contain viral particles which can remain viable and infectious in aerosols for 3 hours.

van Doremalen N, Bushmaker T, Morris DH et al. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. N Engl J Med. 2020; 382: 1564-1567

To suppress the spread of SARS-CoV-2 health-care authorities should consider the recommendation to avoid poorly ventilated public spaces as much as possible.

G Aernout Somsen, Cees van Rijn, Stefan Kooij, Reinout A Bem, Daniel Bonn. Small droplet aerosols in poorly ventilated spaces and SARS-CoV-2 transmission. Lancet Resp Med. Published:May 27, 2020DOI:https://doi.org/10.1016/S2213-2600(20)30245-9 https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30245-9/fulltext

Ministers extend homeless scheme to next year with extra £105m after warnings that thousands of rough sleepers faced being thrown out of hotels as Covid crisis eases

- 15,000 people are said to have been helped and kept off the streets in lockdown
- InterContinental, Travelodge and Best Western hotel groups provided rooms
- Charities St Mungo's is also leading efforts to accommodate rough sleepers

By MARTIN ROBINSON, CHIEF REPORTER FOR MAILONLINE PUBLISHED: 00:08, 24 June 2020 | UPDATED: 09:20, 24 June 2020



Cov Blood Borne Viruses Screening

HIV - spoke with Jane and Jess 🗸



HBV - asked Andrew Hayward

TB (IGRA) - still waiting to for a 'meeting'



Cov Blood Borne Viruses Screening:

Binta

Rights based healthcare

Social justice

Inclusion: teams and patients

Access to high quality healthcare

Homeless Hotels

- 15% female
- 30% English is not first language
- 1% transgender
- 17% current drug use, 8% on OST
- 37% mental health issues
- 28% assaulted, 6% sexual assault
- 4% exchanged sex for money

Setup: Binta

Collaborations

Advocacy groups

Point of care testing

















Set up

Inclusive testing teams

 health advisors, peers, advocates

COVID-19

Reduce transmission



Set up

Coordination

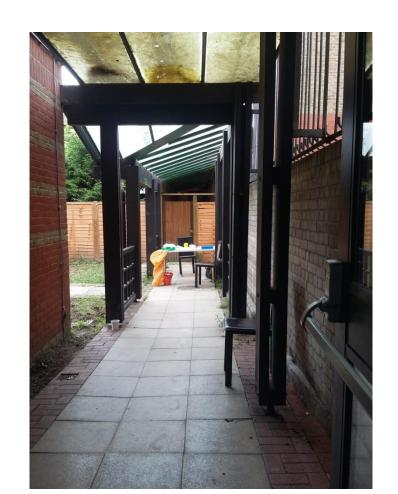
- hotels/housing teams
- Testing teams



Flexibility







Testing: Indrajit/Binta

Point of care testing: HIV/Syphilis/HCV/HepB (Some) STI testing



- Harm minimisation
- PrEP
- U=U







Testing: Massimo

- Peer led testing
- Peer support

Groundswell

Out of homelessness





Results: Julian

- 451 former rough sleepers screened in 25 different venues since May 15th - June 18th
 - 14% female mean age 42
 - 76% male mean age 41
- Mean duration homelessness 3.5 years
- 76 different countries of birth
- 33% UK 28% East Europe 39% other

Heroin and Crack

- Ever IDU 53 (12%) 27 HO needle sharing
 - 23 current PWID (10 report recent needle sharing) 11/23 currently engaged with OST
- 91 (20%) report HO smoking crack/heroin
 - 59 currently smoking crack/heroin (16 also injecting)



HIV

- 451 engaged with the screening
- 4 recently (?) tested negative
- 28 refused HIV testing
 - 12 of who accepted HCV
- 419 tested for HIV



HIV

- 9 HIV + (>2%)
 - 8 male / 1 gender not disclosed
 - 2 Hetero/straight 5 MSM 1 pansexual
 - 1 not disclosed
 - 1 current / 2 previous PWID

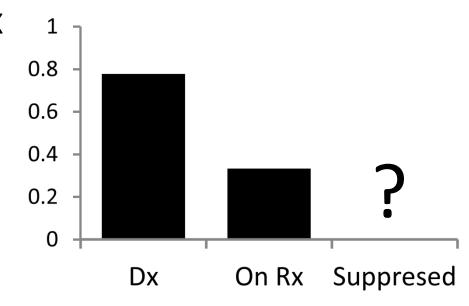


HIV: Julian & Massimo

• 2 never tested - no Rx

• 3 on Rx

• 4 disengaged - no Rx



HCV

Same day diagnosis and referral for treatment

>20 HCV RNA+ and referred for treatment

Majority started treatment within days of diagnosis





Peer Engagement Point of Care HCV Ab





FibroScan
Stage cirrhosis

Cost saving @ £10,525 per DAA Rx course

The cost-effectiveness of an HCV outreach intervention for at-risk populations in London, UK. Zoe Ward, Linda Campbell, Julian Surey, Steven Platts, Rachel Glass, Matthew Hickman, Alistair Story, Peter Vickerman. J Antimicrob Chemother. 2019 Nov; 74(Suppl 5): v5–v16. Published online 2019 Nov 29.



Peer Engagement Point of Care HCV Ab





FibroScan Stage cirrhosis



Dispense and initiate **Treatment**





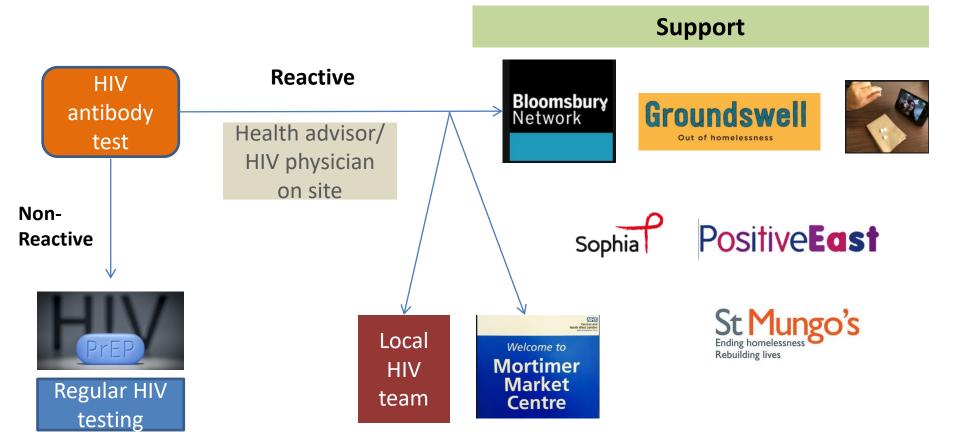
Confirm HCV RNA & VL (Capillary Blood)



HIV Patient Pathway: Binta



Patient Pathway



Challenges: Making every contact count

Integrated care and inclusion health:

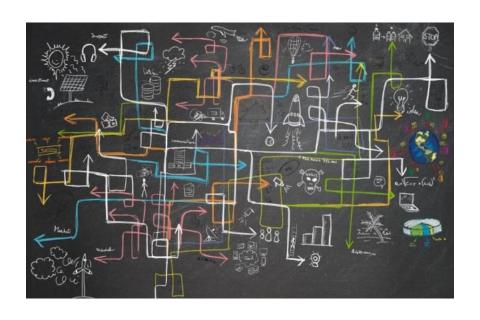
- HCV
- STI
- Reproductive health
- Harm minimisation

Complexity

- Organisations
- Individuals

Resources:

Funding to continue



Opportunities

Treatment support:

- Digital health solutions
- Peer support

Collaborations: bringing HCV elimination and Fast Track Cities agendas together

Integrated care







Opportunities

90:90:90:90

Inclusion health populations

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