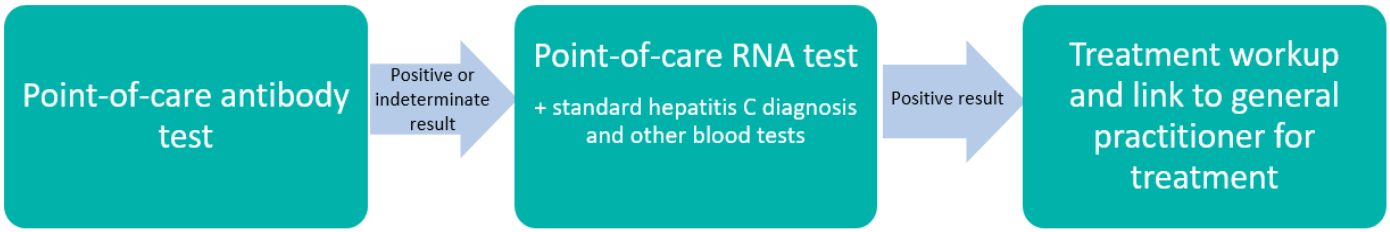
A successful pilot of point-of-care hepatitis C testing at community needle and syringe programs

Rapid EC: Point-of-care testing for hepatitis C at needle and syringe programs is feasible and acceptable to people who inject drugs.



Simplified schema of hepatitis C diagnosis using point-of-care testing

THE ISSUE

In Australia, people who inject drugs (PWID) are at significant risk of hepatitis C infection. If Australia is to eliminate hepatitis C as a public health threat, we need to increase hepatitis C testing and treatment in this group. Hence, novel ways to engage this population in hepatitis C care are needed. The use of point-of-care hepatitis C testing at needle and syringe programs (NSPs) streamlines the process, and should engage more people in testing and curative treatment.

WHAT OUR WORK FOUND

The Rapid EC Study offered point-of-care hepatitis C testing by NSP staff at three NSPs co-located in community health centres in Melbourne, Australia. Participants had an initial rapid test for hepatitis C antibodies, using the Orasure Oraquick oral swab, taking 20 minutes. Those who tested positive or indeterminate results were then offered a rapid RNA test using the Cepheid RNA viral load test. Participants had the choice of waiting for their RNA test result at the clinic (approximately 1.75 hours to result) or receiving the result via phone call, text message or onsite at a later date.

Key results of the project were:

- 174 participants had an HCV antibody point-of-care test, and 150 (86%) had a positive result
- Of these, 140 (93%) had an HCV RNA point-of-care test; 76 (54%) tested positive
- Only 5% waited for their test results. Most participants got their results by phone call, text or a later clinic visit (85%).
- Almost two thirds (63%) of clients who were diagnosed with hepatitis C infection using a rapid test returned to get the result of their standard blood test and be linked to treatment
- Participants were asked about their preferences for HCV testing:
  - One in four (93/117) participants preferred to get their results on the same day of the test
  - Two thirds (77/116) preferred point-of-care testing for HCV
  - Most (104/116; 90%) preferred to be tested by NSP staff.

CONCLUSION

In this study, most clients (93%) requested a diagnostic RNA test after a positive HCV antibody test. This is a considerably higher rate than usually occurs in standard models of care where point-of-care tests are not used (<50%).[1,2] Community-based point-of-care testing at NSPs is feasible, acceptable to clients and may improve engagement of PWID in hepatitis C care.

Policy Implications

- Point-of-care testing provided through NSP services is feasible and acceptable to PWID and can be conducted by a range of people, not just health professionals.
- Point-of-care testing has the potential to increase testing rates among those at risk of hepatitis C.
- Given Rapid EC's high follow-up rate, point-of-care testing can improve linkage of key populations to hepatitis C treatment.[1,2]

References

1. Iverson et al., *International Journal of Drug Policy* 2017.
2. Kirby Institute, *HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2017 and 2018*, Sydney.

For complete details and results, **contact Dr Alisa Pedrana** (alisa.pedrana@burnet.edu.au).

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