

Nurses' experiences using Hepatitis C Point of Care antibody and RNA testing: exploring ways to engage into care people who inject drugs

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BACKGROUND

The need for multiple visits to obtain a diagnosis and treatment in the standard HCV testing pathway is an identified barrier for PWID.

Innovative methods to engage with People Who Inject Drugs (PWID) and simplify testing for hepatitis C are needed to reach WHO elimination targets by 2030.

QuickStart is a randomised controlled trial of community based, nurse-led care to test for HCV in PWID using HCV Point of Care (POC) tests (NCT05016609, clinicaltrials.gov)

We explore PWID responses to and nurses' experiences of implementing HCV POC Antibody (OraQuick[®]) and RNA (GeneXpert[®]) tests.



NURSES' EXPERIENCES

Nurses on the QuickStart study provide first-hand "coal face" experience when engaging with PWID to offer Point of Care (POC) testing for Hepatitis C.

Many PWID already aware of RAT testing for Covid19 so the concept was familiar.

Participants were willing to wait 20 minutes for OraQuick[®] POC antibody test results, however many declined waiting 60 minutes for the GeneXpert POC HCV RNA result.

Seeing the result of the OraQuick[®] POC HCV antibody test in real time was a valuable visual aid to further discussion about HCV.

- Difference between antibody and RNA positivity poorly understood
- Dispel myths – "carrier" status

Opportunity to develop rapport/engage.

- High acceptance for venepuncture by study nurse
- No stigma or discrimination

Nurses performing venepuncture on the same day as the POC test was welcomed by many PWID

One-stop shop approach simplifies the process for all concerned.



PARTICIPANT FEEDBACK

"[Nurse] has made it really easy and then contacted me about obviously my test results and things like that, [nurse] has become like sort of part of the process with me. I can tell [nurse] is there with whatever's going on"

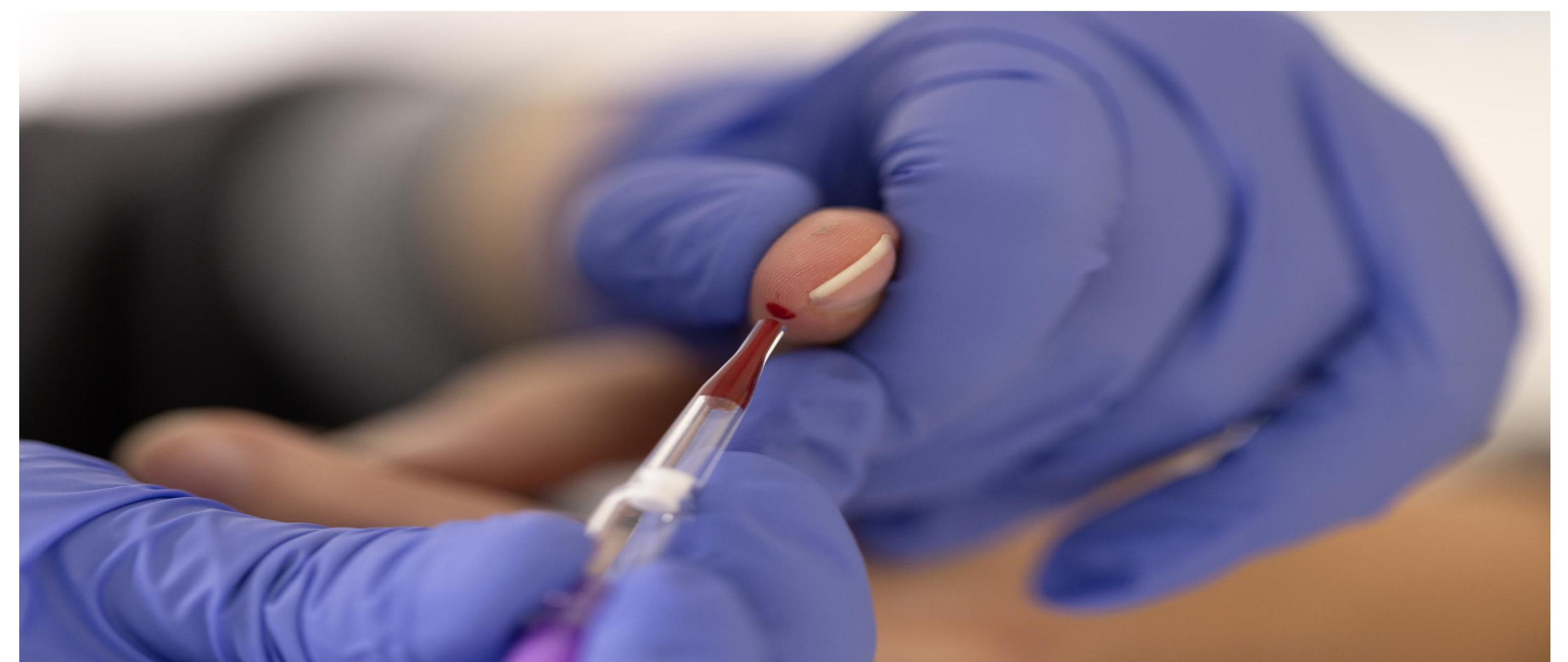
"Because of the way, you know, I was treated by [nurse] and I feel like, I don't know, like a big sense of security, like I know that when I do want to reach out, which is going to be like within the next week to make the appointment, I feel I'll be linked into the right services in that I will have access to that"

"You guys have been so nice to me, it really makes a difference. You know what you're doing (taking blood) and I trust you and you don't judge"

"[Nurse] gave us a \$40 voucher...I was like awesome, not only did we just mend our health a little bit and start something, but you know, it made our day a little bit easier."

Participant (crying after being told that her contribution was valuable when querying why she was being given a \$40 voucher) "No-one has ever told me that anything that I have ever done has been valuable. Thank you so much"

"This (POC testing) would help a lot of people be able to get tested properly because I know I have my situation with my veins and in the past not being able to get blood tests for medication. I just thought that just makes it so much more accessible I think to people to actually know if they've got, you know, hepatitis or not"



OUTCOME

One on one dedicated nurse-led care and follow up was welcomed by PWID. PWID showed greater willingness to have venepuncture done by the nurse to confirm HCV status after seeing the POC antibody test result.

Waiting for the POC test to complete allowed time for conversations and an opportunity for participants to be heard.

Re-engagement for repeat testing after unsuccessful blood draw was less often achieved

Providing a pathology slip to take to a collection centre rarely resulted in blood draw being done.

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