

SELF TEST, WHAT WORKS BEST?

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Background:

A model of home testing was developed and trialed in an alcohol and drug service in Lanarkshire. Although there were 3 out of 50 people who had new infections identified there was a very significant percentage of inadequate samples returned, even though the tests were incentivized and education materials developed. Staff were subsequently required to support many of those who returned a successfully completed test.

Description of model of care/intervention:

An incentivized self-test model of BBV DBST was delivered in the Cambuslang district amongst people attending a drug treatment service. A three pronged study was subsequently developed, based on the learning from the initial study, to test a variety of approaches to ascertain the most successful model of approach to successfully transfer knowledge, and hence successful completion of testing, to service users.

Effectiveness:

First phase

21/51 self-tests were insufficient samples, 105 supported tests

45 tests had HCV Ab detected, indicating previous exposure or treated for HCV

- 9/45 tests detected HCV PCR
 - 3 were known infections; 4 are new infections; 2 are re-infections.

Second phase about to begin with results in 4 months.

Conclusion and next steps:

Aim of the study is to find a method of education that will allow service users to be able to regularly self-test for BBV rather than have staff supporting the process, engaging service users more in their own care.

Disclosure of Interest Statement: *See example below:*

Nothing to declare from any study participants