

The role of point-of-care hepatitis C RNA testing at prison intake for reducing barriers to the hepatitis C care cascade

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Background: Hepatitis C (HCV) is highly prevalent among people in prison. However, numerous systems barriers can prevent progression through the HCV care cascade for those who are incarcerated. This study evaluated a 'one-stop-shop' model (i.e., point-of-care HCV RNA testing, Fibroscan[®]-based liver disease assessment, and HCV treatment) to enhance HCV treatment uptake at a reception prison in New South Wales, Australia. Utilising Hoj's Integrated Framework, this analysis seeks to understand the role of HCV RNA point-of-care testing in reducing barriers to the HCV care cascade in prison.

Methods: Twenty-four men in prison enrolled in the intervention arm of the PIVOT study (received point-of-care testing) participated in semi-structured interviews. Participants were purposively selected to ensure comparable representation of 1) prior (standard pathology) or no prior HCV testing history; and 2) history or no history of injecting drug use.

Results: Participants widely believed that point-of-care HCV RNA testing upon entry was beneficial for care engagement. Point-of-care testing was perceived as timely (compared with standard diagnostic pathology testing at an external laboratory) and reduced opportunities for *adjudication* (such as judgment from service providers), while adoption of routine opt-out testing at prison intake was regarded as an important strategy for *normalising* testing (and likely to increase pathways to treatment uptake), and fostered *patient candidacy* (that is, self-perceived eligibility to access care).

Conclusion: Opt-out point-of-care HCV RNA testing was widely supported by participants as a means for overcoming barriers to HCV testing and treatment in the prison setting, as well as providing public health benefits through early detection of HCV infection among people entering into custody.

Disclosure of Interest Statement:

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