

## **POINT OF CARE HCV RNA TESTING IN A MOBILE LOW-THRESHOLD HEALTH SERVICE FOR PEOPLE WHO INJECT DRUGS**

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### **Background:**

We established a mobile clinic that offered point of care (POC) testing for HCV and immediate HCV treatment to marginalised people who inject drugs (PWID) in inner city Oslo.

The aim of this study was to compare HCV treatment uptake among users of the clinic who were A) screened for anti-HCV antibodies prior to HCV RNA testing, or B) immediately tested for HCV RNA without prior screening for anti-HCV antibodies.

### **Methods:**

In this prospective, non-randomised controlled study, POC HCV RNA testing was performed on capillary blood (GeneXpert® HCV Viral Load) in a mobile outreach clinic for PWID in Oslo. In period A, users were first screened for anti-HCV antibodies with an oral swab (OraQuick®). Those who were antibody positive were offered immediate POC testing for HCV RNA. In period B, users received immediate POC testing for HCV RNA. Patients who were HCV RNA positive were offered pangenotypic DAA treatment.

### **Results:**

We included 98 participants, 48 in period A and 50 in period B. The median age was 38 years, 65% were male, 18% were HCV treatment experienced, 90% had recent (past 6 months) injecting drug use, 60% injected daily, and 35% received opioid agonist treatment. In period A, 27/48 (56%) were anti HCV positive and 14/17 (52%) were lost to follow-up before POC test for HCV RNA could be performed. HCV RNA was detected in 4/13 (44%) who were tested this 4/48 were identified with chronic hepatitis C. In period B, 9/50 (18%) had detectable HCV RNA. In period A, 3/48 (6,3%) initiated treatment, compared to 8/50 (16%) in period B (p=0.18).

### **Conclusion:**

In mobile HCV clinics we recommend immediate POC testing for HCV RNA instead of POC anti-HCV screening followed by POC HCV RNA testing.

### **Disclosure of Interest Statement:**

GeneXpert® including test kits used in this study are donated by Bergmann Diagnostika