

Acceptability among healthcare workers on the uptake of molecular point-of-care testing for *Trichomonas vaginalis*

Authors:

Tangey A¹, Causer L¹, Guy R¹, Huang R², Ward J³, Smith K¹, Lafferty L^{1,4}

¹ Kirby Institute, UNSW Sydney, ² Nganampa Health Council SA, ³ UQ Poche Centre for Indigenous Health, University of Queensland, ⁴ Centre for Social Research in Health, UNSW Sydney.

Background:

Trichomonas vaginalis (TV) is of public health concern because of its association with HIV transmission and poor reproductive and perinatal outcomes. Remote Aboriginal communities experience high rates of TV, along with chlamydia (CT) and gonorrhoea (NG), where delays in the return of laboratory test results affect timely management.

The Test Treat ANd GO (TTANGO2) program has implemented CT/NG point-of-care testing (POCT) for nearly a decade in primary healthcare services in remote Aboriginal communities. In 2018, TV POCT became available as an additional test cartridge using the same GeneXpert platform and was integrated into the TTANGO2 program. While there is broad acceptability of CT/NG POCT, the acceptability of the additional use of TV POCT in remote settings is unknown. Informed by Sekhon's Theoretical Framework of Acceptability, we explored perceptions of acceptability among healthcare workers regarding the integration of TV POCT. We identified enablers and barriers of TV POCT use within an existing POCT program in remote Aboriginal Health Services.

Methods:

Semi-structured in-depth Interviews were conducted with 26 healthcare personnel from 14 services participating in TTANGO2 across four jurisdictions.

Results:

Preliminary findings indicate broad acceptability of TV POCT due to the reduced client and staff *burden* and *opportunity cost* by simultaneously testing all three STIs (NG, CT and TV) at the point of care. Healthcare workers' *affective attitude* was influenced by high levels of satisfaction reported with CT/NG and TV POCT integration in clinic workflows. Barriers included maintaining trained POCT operators (due to staff turnover) and transiently reduced access to the GeneXpert when COVID-19 POCT was prioritised.

Conclusion:

Integrating TV POCT with the CT/NG POCT is an acceptable health intervention in remote health services, where healthcare workers described their satisfaction with providing a "one-stop shop" of care. Our findings will contribute to informing further scale-up of molecular POCT in remote settings.

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