

# Country of birth as an indicator for hepatitis C (HCV) testing in a Sydney metropolitan sexual health service. Is it an effective testing strategy?

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## Background:

New South Wales Hepatitis C strategy testing recommends testing people born in high prevalence countries. Sydney Sexual Health Centre (SSHC) is a publicly funded metropolitan clinic providing care to a high proportion of culturally and linguistically diverse (CALD) people. We sought to increase HCV testing among SSHC patients in addition to people who have injected drugs (IDU) or during HIV PrEP initiation.

## Methods:

Opt-out HCV testing for patients who no prior testing at SSHC in the previous 12 months and born in one of thirty high HCV prevalence countries was activated between 11/2022-05/2023. HCV testing data was compared to the same period (2019-2020). Positive yield and X2 univariate analysis to be undertaken ( $p < 0.05$ ).

## Results:

804 additional HCV tests were taken compared to 2019-2020 (951 2022-2023, 147 2019-2020; 290% increase). Cis-males were the largest group tested (73.3% compared with 89.8%) and testing among cis-females increased significantly (25.6% vs 7.48%). Most patients were from China (28%), Brazil (11%), and Indonesia (10%). 33.5% were students and 16.6% sex workers. Average age was 33 years.

Additional HCV risk factors included men who have sex with men (MSM) (27.5%) use of HIV pre-exposure prophylaxis (PrEP) (16.6%), and IDU history (0.84%).

Seven people were HCV antibody positive (0.73%, 7/951), but no active infections were identified. Four people had no identifiable risk factors, 1 had past treated infection, and 2 had past cleared infection. One case had existing HIV, 5 were MSM, and no cases with IDU history.

## Conclusion:

Routine HCV testing of SSHC patient from high HCV prevalence countries markedly increased testing but did not increase HCV detection. Few newly identified HCV antibody positive patients had co-existing HCV risk factors. Further research in other settings is needed to better understand HCV prevalence in CALD patients and if this is an effective testing strategy.

## Disclosure of Interest Statement:

No disclosures