

# Impact of rapid point-of-care hepatitis C testing in needle and syringe services for people who inject drugs

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## INTRODUCTION

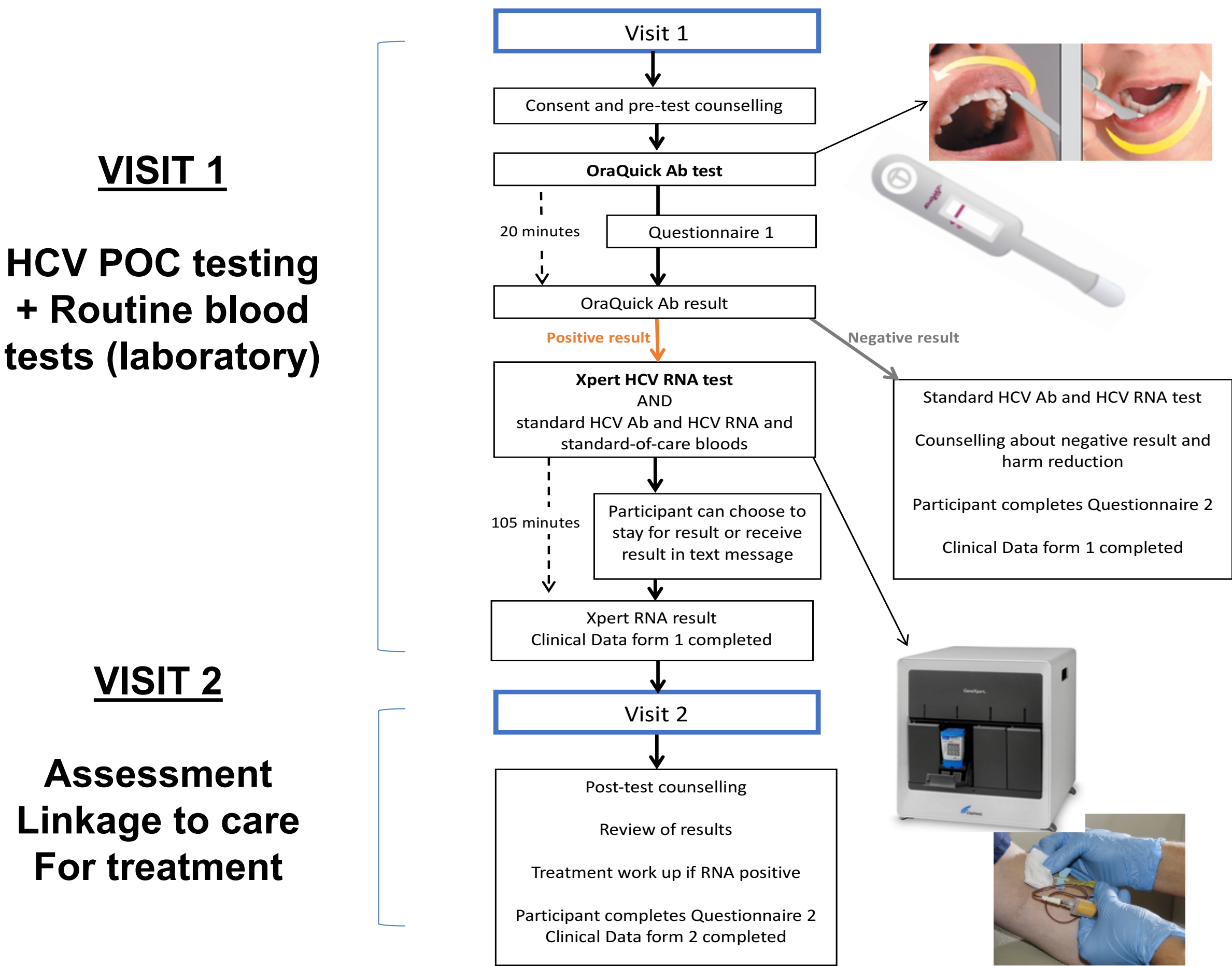
- Increasing the number of people who inject drugs (PWID) who are diagnosed and treated for hepatitis C (HCV) is vital to achieve WHO HCV Elimination goals by 2030.
- The current multi-step process of HCV diagnosis and linkage to care and stigma in traditional healthcare settings are major barriers to PWID accessing health services<sup>1</sup>.
- Point-of-care (POC) HCV tests may overcome these barriers by facilitating same-day diagnosis in settings that are more acceptable and accessible to PWID, such as needle and syringe programs (NSPs).

## AIM

- To assess the impact of HCV POC testing on treatment uptake in three community clinics with NSPs.

## METHODS

- The study was conducted at three clinics with busy NSPs in metropolitan Melbourne
- Clients were offered HCV POC antibody and RNA testing by an NSP worker, community health worker or clinic nurse
- After testing and counselling, a follow up visit was booked to assess liver fibrosis, provide results, and a GP appointment for treatment, at which point the study concluded.
- 6 months after the pilot project, a retrospective chart review was conducted to assess the number of study participants who were linked to care and treated



## RESULTS

Table 1: Participant Characteristics (n=174)		
Median age (IQR)	41 (35 – 48)	174 participants had HCV POC testing.
Male gender	118 (67%)	
Injecting drug use in last 6 months	154 (94%)	
Previous incarceration	125 (74%)	150 (86%) were HCV Ab positive
Homeless or unstable accommodation	54 (31%)	
Any sharing of any injecting equipment in last 6 months	93 (53%)	140 (93%) had a POC HCV RNA test
Previous hepatitis C test	167 (97%)	
Last hepatitis C test result PCR positive	73 (44%)	70/ 174 (40%) were HCV RNA positive
Previous hepatitis C treatment	37 (22%)	

Figure 1. Flow through the HCV cascade of care: people who are HCV RNA positive

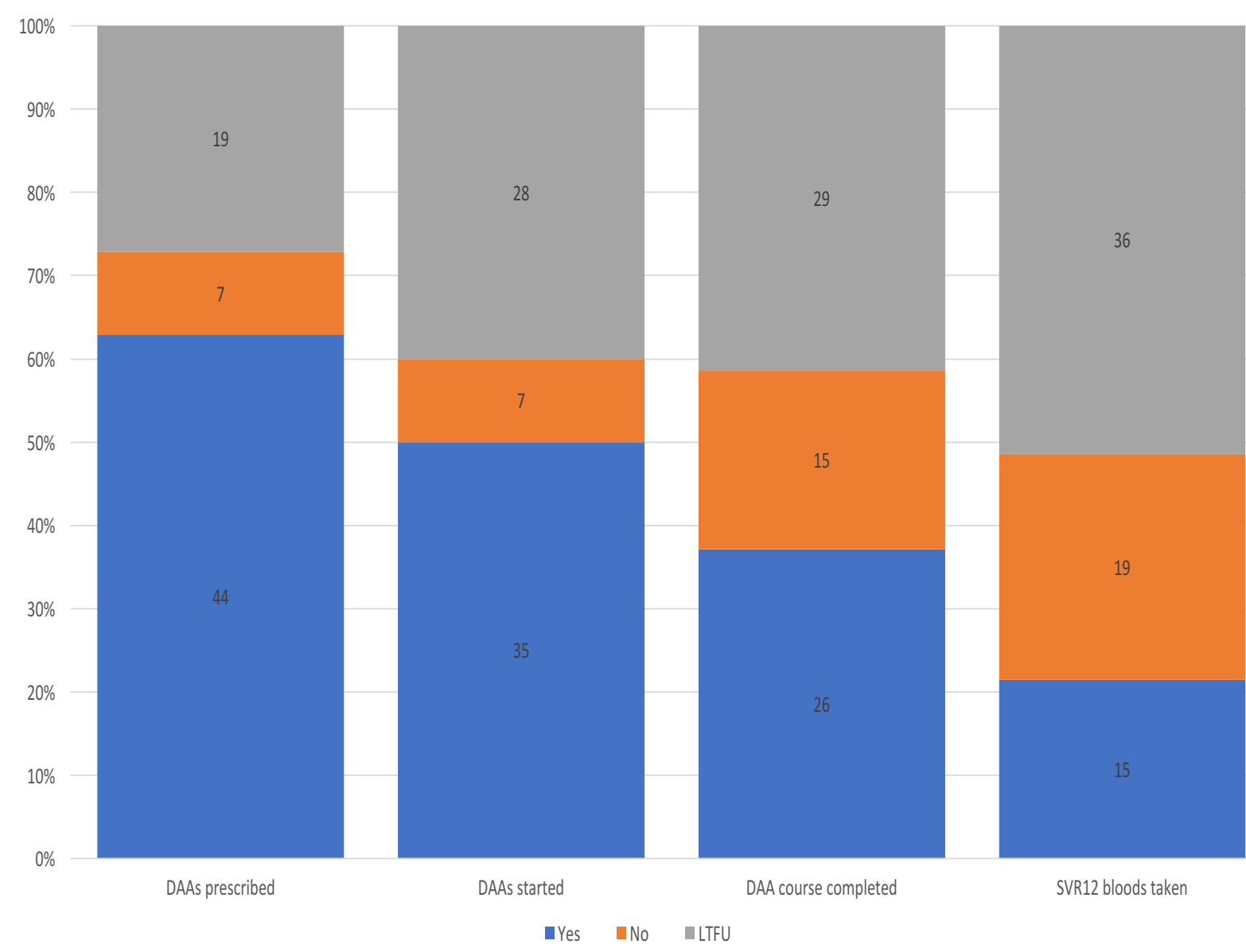
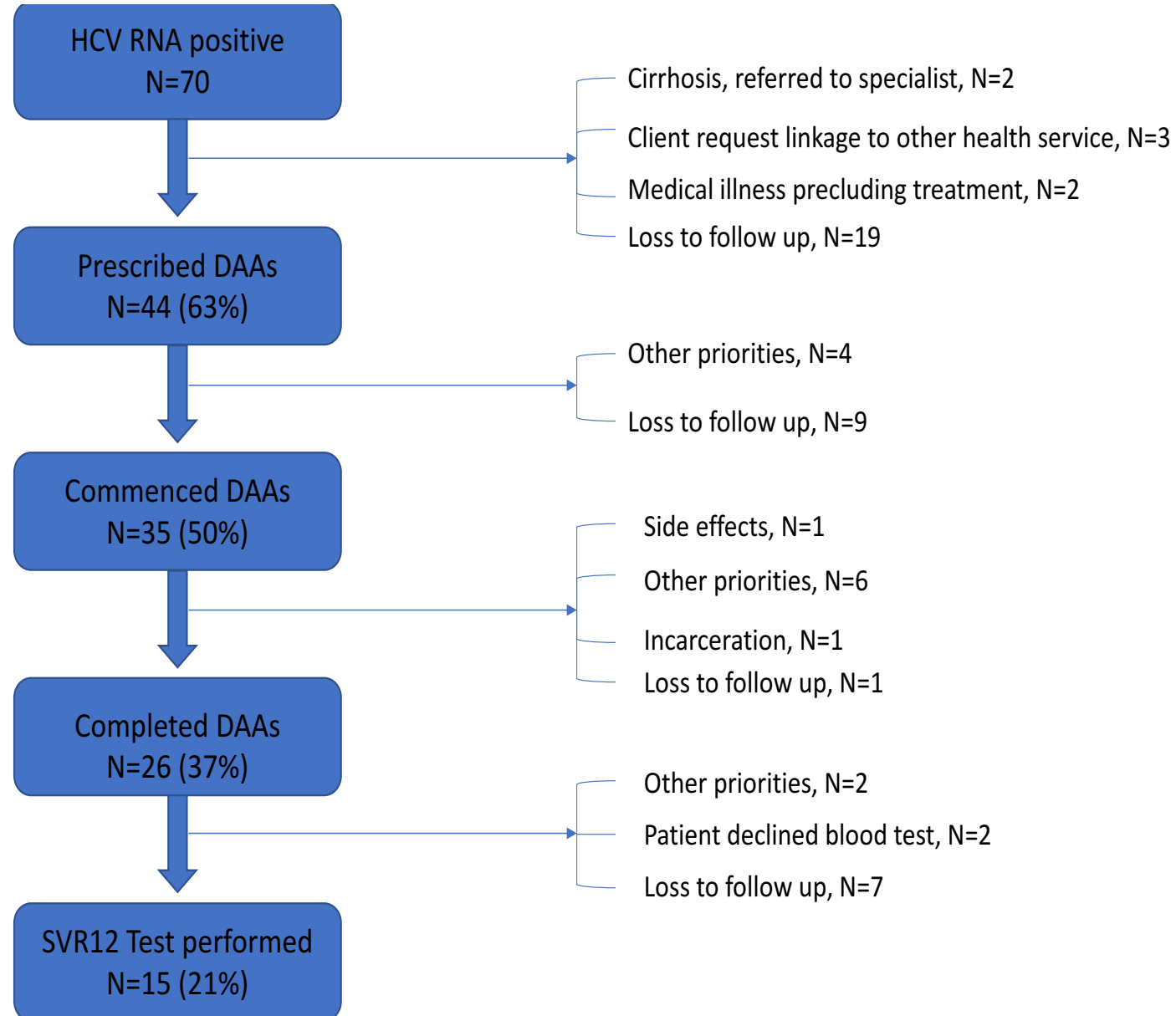


Figure 2. Flow through the HCV cascade of care: reasons for loss to follow up



- 44/70 (63%) were prescribed HCV treatment
- 35 (50%) commenced treatment
- 26 (37%) completed treatment at 6 months
- 15 (21%) had documented SVR12 blood tests – all achieved cure
- 5 people did not complete treatment

Table 2: Crude associations with being prescribed HCV treatment

	Prescribed DAAs (n=44)	Not prescribed DAAs (n=26)	p-value*
Site			
A	16 (36%)	5 (15.4%)	<b>0.014</b>
B	18 (40.9%)	6 (23.1%)	
C	10 (22.7%)	15 (57.7%)	
Previous HCV test	42 (95.5%)	26/ 26 (100%)	0.526
Previously treated for HCV	6 (13.6%)	4 (15.5%)	0.560
Age Category			0.038
20-39 years	12 (27.3%)	17 (65.4%)	
≥40 years	31 (70.4%)	9 (34.7%)	
Gender			0.614
Male	27 (61.4%)	18 (69.2%)	
Female	16 (36.4%)	8 (30.8%)	
ATSI	6/ 44 (13.6%)	8/ 26 (30.8%)	0.125
Education level			0.006
No schooling	1 (2.3)	1 (3.9%)	
Primary	5 (11.6%)	11 (42.3%)	
Secondary and above	37 (86.1%)	14 (53.9%)	
Employment			1.00
Not working	41 (95.4%)	25 (96.2%)	
Working	2 (4.7%)	1 (3.9%)	
Homeless	31 (72.1%)	12 (46.2%)	<b>0.042</b>
Hazardous Alcohol consumption	22/ 44 (50%)	10/ 26 (38.5%)	0.707
Injecting drugs in past month	29/ 44 (65.9%)	22/ 26 (84.6%)	1.00
Opiate substitution therapy			<b>0.049</b>
Never	6/ 44 (13.6%)	1/ 26 (3.9%)	
Previous	11/ 44 (25%)	14/ 26 (53.9%)	
Current	26/ 44 (59.1%)	11/ 26 (29.7%)	
Incarceration	30/ 44 (68.2%)	21/ 26 (80.8%)	0.535

- Treatment initiation was highest at clinics A (76%) and B (71%) where NSPs were embedded within community clinics, compared to clinic C (27%) which had an NSP co-located but separate to the community clinic (p<0.001)
- Higher education level (p=0.006), homelessness (p=0.042) and current opiate substitution therapy (p=0.049) were also associated with treatment uptake

## CONCLUSIONS

- 6 months after introduction of POC hepatitis C testing, over 2/3rds of PWID were linked to care and prescribed DAAs
- POC testing in NSPs and community clinics is a novel engagement tool to improve client retention in the hepatitis C care cascade
- Further studies are needed to determine how best to incorporate POC testing into models of care for people who inject drugs

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