Point-of-care testing for hepatitis C in the priority settings of Mental Health, Prisons and Drug and Alcohol Facilities.

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PROMPt is grant funded
Barriers to testing

- Multiple appointments
- Venous access problems
- Stigma
Point of Care testing

• Eliminates venous access problems
• Fast results
• Enables linkage to care
• Reduces number of visits
• Simplifies care pathway
• Can be performed in non-clinical settings
PROMPt study

- 12 mths recruitment
- 3 sites - Mental health inpatient ward, Alcohol & drug withdrawal unit, Remand Centre
- HCV Antibody, RNA POCT
- Primary objective - evaluate effect of POC testing scaling up on testing rates, linkage to care
- Secondary – feasibility, acceptability of POCT
PROMPt

- Pre/post test counselling, consent
- Fast results (5 mins antibody, 60 mins RNA)
- Peers- testing, education
- Facilitate linkage to care and treatment
### PROMPtt interim results

<table>
<thead>
<tr>
<th></th>
<th>HCV Ab Test</th>
<th>% Ab Positive</th>
<th>% RNA Test</th>
<th>% RNA Positive</th>
<th>RNA Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remand Prison</td>
<td>687</td>
<td>112/687 (16%)</td>
<td>112/687 (16%)</td>
<td>32/687 (5%)</td>
<td>32/112 (29%)</td>
</tr>
<tr>
<td>Inpatient AOD</td>
<td>359</td>
<td>66/359 (18%)</td>
<td>66/359 (18%)</td>
<td>10/359 (3%)</td>
<td>10/66 (15%)</td>
</tr>
<tr>
<td>Inpatient Mental Health Service</td>
<td>154</td>
<td>15/154 (10%)</td>
<td>15/154 (10%)</td>
<td>6/154 (4%)</td>
<td>6/15 (40%)</td>
</tr>
<tr>
<td>Overall</td>
<td>1200</td>
<td>193/1200 (16%)</td>
<td>193/1200 (16%)</td>
<td>48/1200 (4%)</td>
<td>48/193 (25%)</td>
</tr>
</tbody>
</table>

Oct 2020 – Aug 2021
## PROMPt interim data

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal &amp; Torres Strait Islander, n (%)</td>
<td>267/1200 (22%)</td>
<td></td>
</tr>
<tr>
<td>Preferred Method of HCV Testing - finger stick POCT, n (%)</td>
<td>1191/1200 (99%)</td>
<td></td>
</tr>
<tr>
<td>Participants Reporting Previous HCV Test, n (%)</td>
<td>660/1200 (55%)</td>
<td></td>
</tr>
<tr>
<td>Commenced HCV Treatment, n (%)</td>
<td>38/48 (79%)</td>
<td></td>
</tr>
<tr>
<td>Homeless Status of RNA Positive Participants, n (%)</td>
<td>25/48 (52%)</td>
<td></td>
</tr>
</tbody>
</table>

*Oct 2020 – Aug 2021*
Final points

• HCV antibody testing maximises testing capacity and resources (cheaper, quicker than RNA testing, no TGA approval)

• Individuals prefer POCT for HCV

• PROMPt POCT model = testing scale up

• More testing needed in homeless population

My thanks to the participants, Hepatitis SA Peer Educators Lisa Carter and Deborah Warneke-Arnold and PROMPt Research Scientist Dr Erin McCartney.