

Examining Opt-In versus Routine Opt-out HIV/HCV Testing at a Syringe Services Program: An Interrupted Time Series Analysis

Bartholomew TS¹, Tookes HE²

¹ University of Miami Miller School of Medicine, Department of Public Health Sciences

² University of Miami Miller School of Medicine, Department of Infectious Disease

Background:

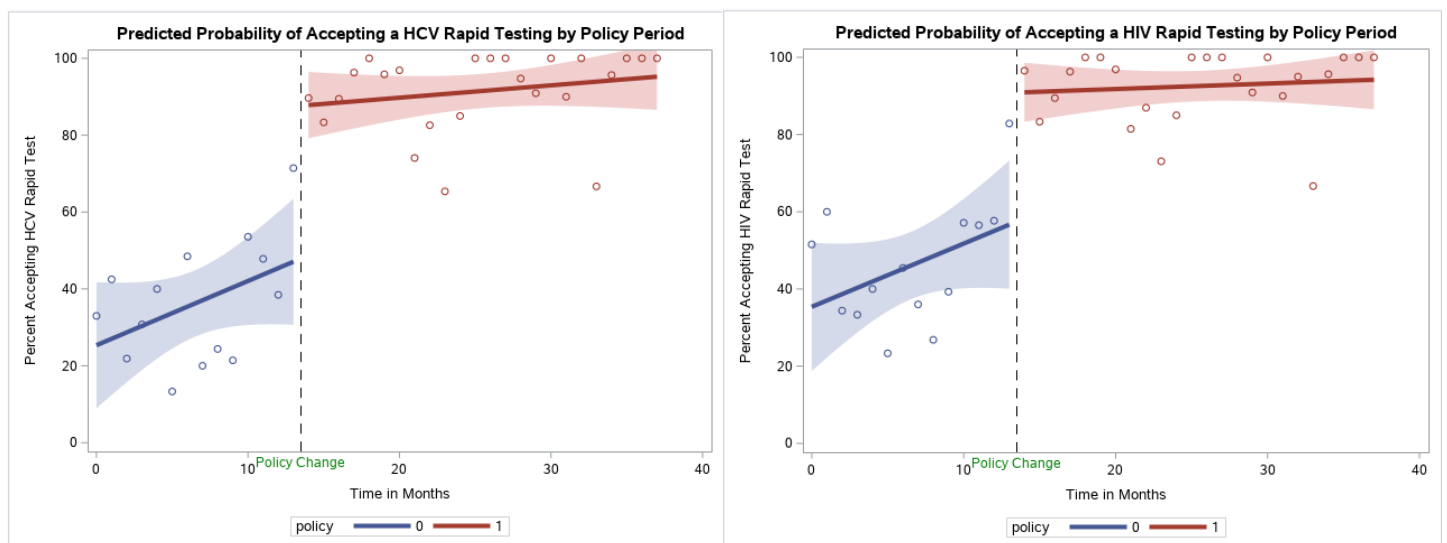
Hepatitis C (HCV) is the most common infectious disease among people who inject drugs (PWID). Engaging PWID in harm reduction services, such as syringe service programs (SSPs), is pertinent to reduce HCV and HIV transmission. Additionally, testing for HIV and HCV among PWID is important to improve identification and linkage to care rates. This project looks to examine the differences in HIV/HCV testing uptake before and after the implementation of bundled routine, opt-out screening at the IDEA Exchange in Miami, FL.

Methods:

The total study period was 38 months between December 2016-January 2020; 512 SSP participants 14 months prior and 547 SSP participants 24 months after implementation of bundled HIV/HCV opt-out testing. A segmented interrupted time series (ITS) regression model estimated the immediate change in level of acceptance and trend in acceptance over time for HIV and HCV testing before and after the policy change.

Results:

The proportion of participants accepting an HCV and HIV test pre-policy change was 36.2% (IQR=21.9%-47.8%) and 46.0% (IQR=34.8%-57.1%), respectively, and 91.5% (IQR=87.2%-100%) and 92.3% (IQR=88.2%-100%) post-policy change, respectively. Both trend lines pre-policy were significantly increasing for HCV (1.67%, 95% CI: 0.02%-3.3%) and HIV testing (1.63%, 95% CI: 0.06%-3.2%). Both change in slope of the trend lines and the slope of the trend lines were non-significant for HCV and HIV testing, suggesting stability in test acceptance after the policy change. In addition, there was a statistically significant increase of the immediate effect of the policy on the acceptance of HCV testing (40.4%, 95% CI: 24.1%-56.8%) and acceptance of HIV testing (34.1%, 95% CI: 18.5%-49.8%).



Conclusion:

Bundled, routine opt-out testing substantially increased the percentage of SSP clients who received HIV and HCV rapid test at enrollment into the program, and the effect remained stable across the 24 months post policy implementation. More work needs to be done to assess PWID-level perspective of testing preferences and examine whether this testing approach improves HIV/HCV detection among PWID who did not previously know their status.

Disclosure of Interest Statement:

The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, HCV, HBV) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments.

FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first medical appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first medical appointment.