UTILIZATION OF POINT OF CARE HEPATITIS C TESTING ON PRIORITY POPULATIONS IN AN OUTREACH SETTING

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Background: Forty-four percent of hepatitis C virus (HCV) infections in Canada are undiagnosed, with the highest risk in people who use drugs (PWUD). Ministry of Health-defined priority populations are disproportionately affected and experience barriers limiting access to care. We aimed to prospectively determine the impact of access to point of care (POC) HCV testing in outreach settings on priority populations.

Methods: From July 2017 to December 2018 a registered nurse offered POC HCV testing using the OraQuick® HCV Test to priority individuals of unknown HCV status at six outreach locations that provided meals and support. Participants confirmed verbal consent using an REB-approved script and underwent on-site POC testing. All participants received HCV education and harm-reduction counselling. Those with a positive POC result were offered on-site confirmatory serologic testing and multidisciplinary follow-up at our Positive Care Clinic (PCC). Participants and health care personnel were surveyed on their experiences.

Results: POC testing was provided to 137 participants (72% PWUD). Nineteen participants (14%) had reactive POC testing, of which eight (42%) underwent confirmatory serology. Four participants engaged in care at PCC.

All participants responded favorably to POC testing. Nearly all participants indicated little to no pain (142/144, 99%), bleeding (141/142, 99%), or anxiety (137/142, 96%). All health-care personnel found the test easy to administer.

Conclusion: Application of POC testing in an outreach setting allowed for rapid HCV testing and counselling of high-risk individuals. This alone might trigger behaviour change, prevent transmission and reduce stigma associated with testing. Testing was safe, easy to administer, and transportable to non-traditional healthcare settings. We confirmed a high prevalence of HCV in priority populations, including PWUD. Yet, only 21% of patients with positive POC tests engaged in further care, highlighting a major barrier to treatment. Strategies to promote ongoing engagement need to be evaluated, including Telehealth and outreach physician appointments.

Disclosure of Interest Statement:
Medical Project funding received from Gilead Sciences Canada, Inc. Gilead Sciences had no input into the design, implementation, or writing of this research study.