

PATIENT PERCEPTIONS OF ACCEPTABILITY OF HEPATITIS C POINT-OF-CARE TESTING AT A RECEPTION PRISON

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Background:

Current diagnostic pathways for HCV infection in prison settings generally require multiple healthcare provider visits and sampling via venepuncture. Frequent movements, between prisons and into the community, further complicate HCV testing and treatment, with individuals often dropping-off the care cascade prior to diagnosis of active infection or treatment initiation. The PIVOT study evaluated a 'one-stop-shop' intervention integrating finger-stick point-of-care (PoC) HCV RNA testing, Fibroscan[®]-based liver disease assessment, and same day direct-acting antiviral (DAA) prescription on treatment uptake at a reception prison in Australia. The aim of this qualitative sub-study was to assess patient acceptability of point-of-care HCV RNA testing among people recently incarcerated in a reception prison.

Methods:

Between November 2020 and April 2021, 24 men who were enrolled in the PIVOT study participated in semi-structured interviews. Sekhon's Theoretical Framework of Acceptability, inclusive of seven components (affective attitude, burden, ethicality, intervention coherence, opportunity cost, perceived effectiveness, and self-efficacy), informed this analysis.

Results:

Acceptability of finger-stick PoC HCV RNA testing emerged across four components: affective attitude, burden, self-efficacy, and perceived effectiveness. Patients described PoC testing as "quick and easy" (affective attitude), while swift results were viewed as alleviating anxiety associated with long wait times for standard pathology (burden). Patients averse to venepuncture – either due to fear of needles or poor vein health – found the finger-stick blood collection method accessible, thereby enabling participation in HCV screening (self-efficacy). Participants attributed confidence in test results predominantly due to trust in the healthcare system or trust in the personnel administering the test (i.e., nurse) (perceived effectiveness).

Conclusion:

People entering into custody perceive finger-stick PoC testing as an acceptable method for HCV RNA testing and preferred this method to standard HCV testing via venepuncture. In light of these findings, prison health authorities should consider the role of opt-out PoC HCV RNA testing upon prison entry.

Disclosure of Interest Statement: *See example below:*

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