

# EXPLORING THE ACCEPTABILITY OF POINT-OF-CARE HEPATITIS C TESTING FOR PEOPLE WHO INJECT DRUGS: A QUALITATIVE ANALYSIS

Latham N<sup>1,2</sup>, Pedrana A<sup>1,3</sup>, Doyle J<sup>1,4</sup>, Howell J<sup>1,3,5,6</sup>, Williams B<sup>1</sup>, Higgs P<sup>1,7</sup>, Thompson A<sup>5,6</sup>, Hellard M<sup>1,3,4</sup>

<sup>1</sup>Disease Elimination Program, Burnet Institute, Melbourne, Australia, <sup>2</sup>Department of Infectious Diseases, Monash University, Melbourne, Australia, <sup>3</sup>School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, <sup>4</sup>Department of Infectious Diseases, The Alfred and Monash University, Melbourne, Australia, <sup>5</sup>Department of Gastroenterology, St Vincent's Hospital, Melbourne, Australia, <sup>6</sup>Department of Medicine, University of Melbourne, Melbourne, Australia, <sup>7</sup>Department of Public Health, La Trobe University, Melbourne, Australia

## **Introduction:**

When treated for hepatitis C (HCV), people who inject drugs (PWID) can achieve similar rates of cure to non-PWID. However, a barrier to treatment is the need to attend multiple appointments for diagnosis. Point-of-care (POC) tests provide results within 20 to 120 minutes and can be offered opportunistically in non-clinical settings. In this nested qualitative study we explore factors influencing the acceptability of POC testing for PWID.

## **Methods:**

PWID were screened using the OraQuick HCV antibody mouth swab (result in 20 minutes); those who tested positive then underwent venepuncture for an POC RNA test: the Xpert HCV Viral Load (result in 105 minutes). Convenience sampling was used to select participants for a semi-structured interview. A hybrid thematic analysis was performed, guided by Sekhon's 'Theoretical Framework of Acceptability'.

## **Results:**

Nineteen participants were interviewed; all but one reported injecting drugs in the preceding month. Three core themes emerged: people and place, method of specimen collection, and rapidity of result. It was highly acceptable to be offered testing at the NSP by nurses and NSP workers, who were described as competent and non-judgmental. Most participants reported that even if a finger stick RPOC RNA test were an option in the future, they would prefer venepuncture, as the sample could be used for pre-treatment workup tests and bundled HIV and HBV testing. Waiting 20 minutes to receive the antibody test result was acceptable, whereas the 105 minutes required for the RNA result was largely unacceptable. No interview participants waited to receive their RNA result, and only five received the result on the same day (via telephone).

## **Conclusions:**

RPOC tests that avoid venepuncture are not necessarily the most attractive to PWID. Currently available RPOC RNA technology was not perceived as rapid and did not allow a diagnosis to be delivered in a single visit.