

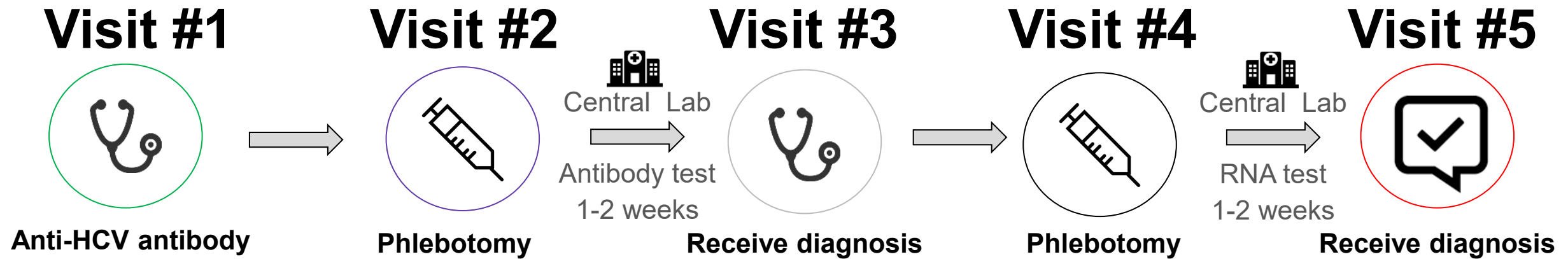
The Right Test for the Right Person in the Right Setting

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Disclosures

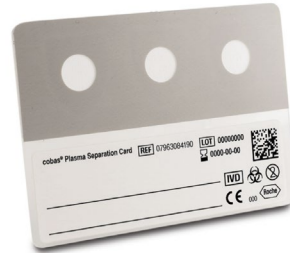
- Research funding and speaker fees from Abbott, AbbVie, bioLytical, Cepheid, Gilead Sciences, Hologic, MedMira, and Roche

Conventional HCV testing pathways lead to loss to follow-up



HCV testing technologies

**Dried blood spot or
Plasma separation
card sample
collection**



**Send to a laboratory
(results in 1-2 weeks)**

**Point of care
HCV antibody testing
(Rapid diagnostic tests)**



**Abbott Bioline®
(5 minutes)**



**INSTI® HCV test
(1 minute)
TGA approved**

**Point of care
HCV RNA testing**

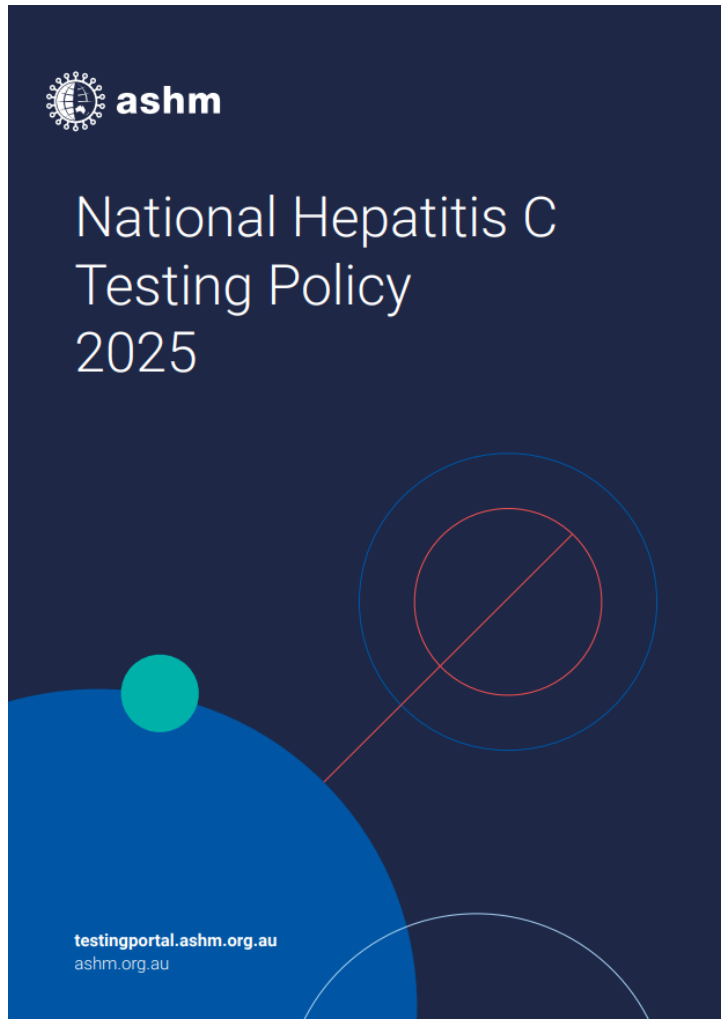


**Xpert HCV Viral Load
Fingerstick Test
(60 minutes)
TGA approved**

Towards simplification – Implement on-site testing

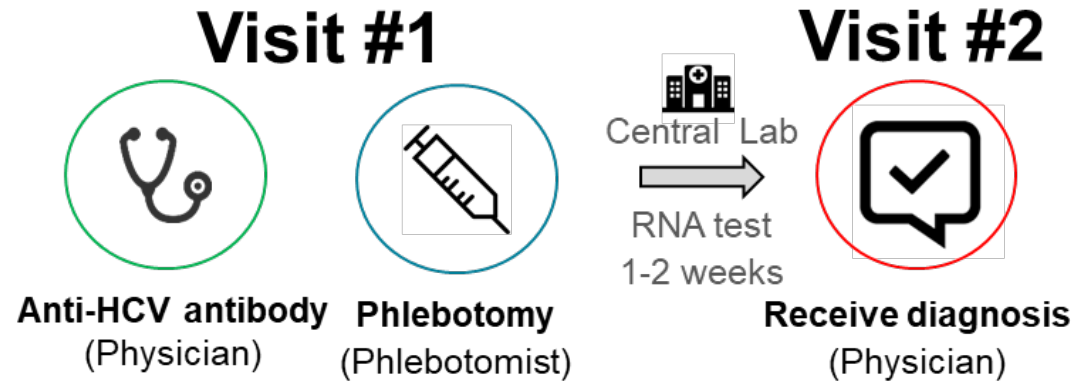


National Hepatitis C Testing Policy – Key updates



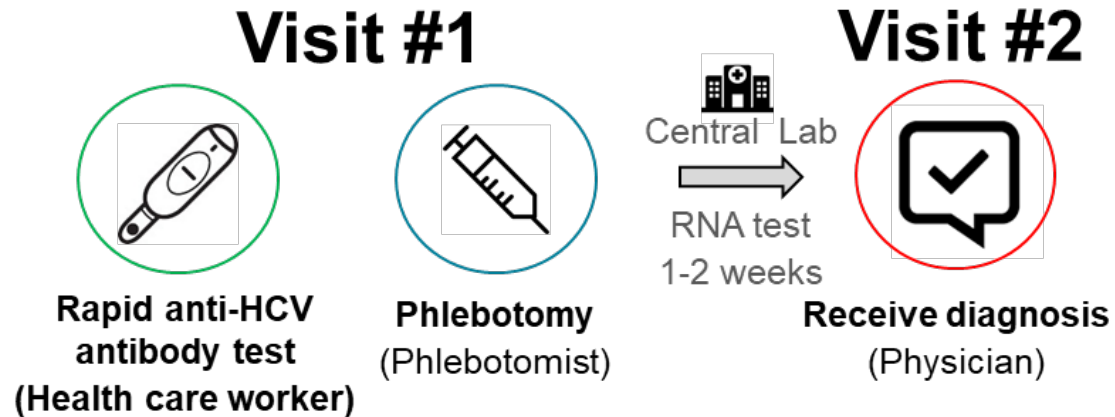
- Update of the 2020 Testing Policy
- Recommends evidence-based testing pathways for HCV
- Aligned with 6th National Hepatitis C Strategy 2025-2030
- Incorporates and encourages laboratory- and clinic-based reflex HCV RNA testing
- Incorporates advances in the availability and approval of two new point-of-care tests
 - point-of-care HCV antibody test (INSTI[®] HCV test)
 - point-of-care HCV RNA test (Xpert[®] HCV Viral Load Fingerstick test)

Laboratory-based HCV reflex RNA testing



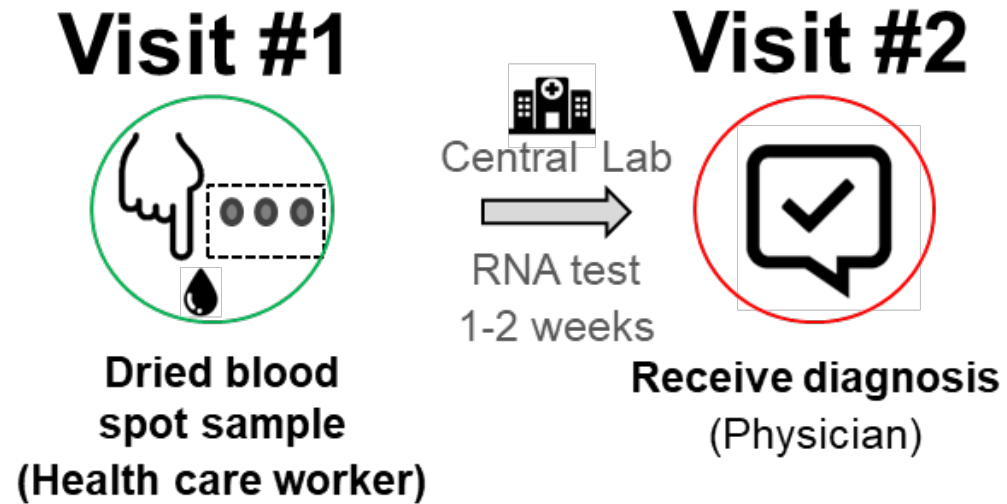
- Laboratory-based reflex testing has been shown to increase the uptake of HCV RNA testing among people who test positive for HCV antibody¹
- When ordering an HCV antibody test, a request for HCV RNA testing should be made if the sample is HCV antibody positive or discordant results are obtained from two serology tests
- This request must be documented on the initial pathology form ('HCV RNA if indicated')

Clinic-based HCV reflex RNA testing

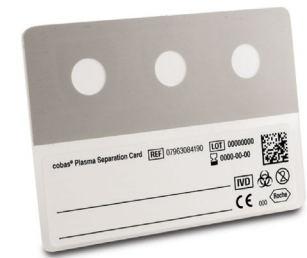


- Point-of-care tests for HCV infection (antibody and RNA) can simplify testing algorithms, shorten time to diagnosis and increase rates of testing, linkage to care and treatment¹⁻³
- Point-of-care HCV antibody and RNA tests are approved for use in Australia by the TGA
 - The test needs to be performed by:
 - a laboratory accredited by NATA for HCV testing; or
 - by trained health professionals (e.g. in a community health setting) who have an established relationship with a NATA accredited laboratory
 - TGA requires participation in quality assurance programs and healthcare workers need to be trained and deemed competent in the use of the test

On-site testing and removal of venepuncture



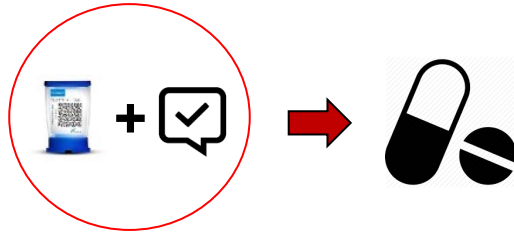
Dried blood spot testing or plasma separation card



DBS received TGA approval in
May 2026!!!

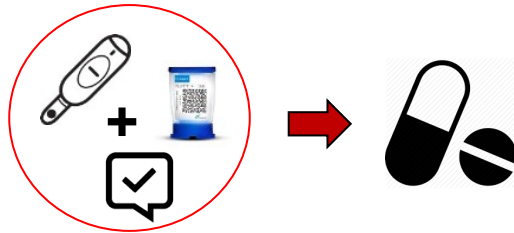
Only available in NSW

Single-visit strategies to improve testing



**Point-of-care HCV RNA and
diagnosis (Health care worker)**

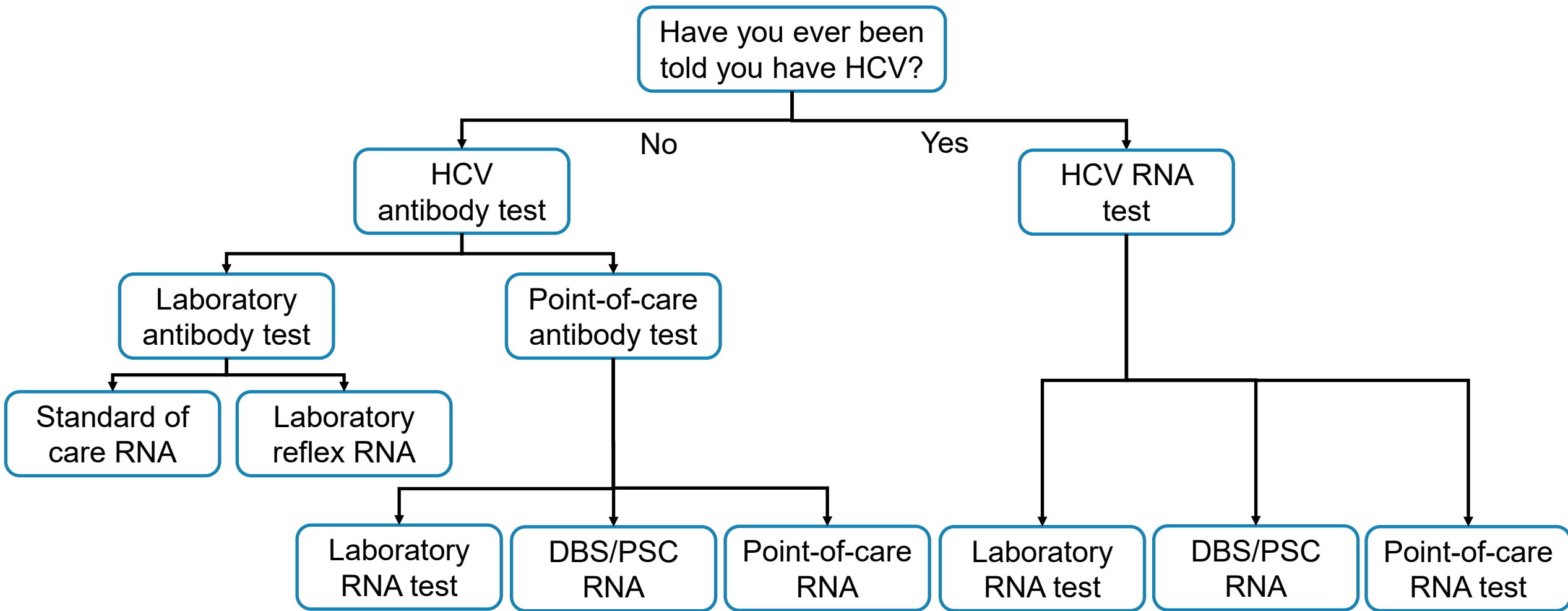
**Point-of-care HCV RNA
(high HCV prevalence setting)**



**Rapid anti-HCV antibody test,
point-of-care HCV RNA and
diagnosis (Health care worker)**

**Rapid HCV antibody testing with
reflex point-of-care HCV RNA
(low HCV prevalence setting)**

Right test for the right patient in the right setting



Right test for the right person in the right setting

Considerations for selecting a test

**Prevalence of
HCV infection**

Cost-effectiveness

Timeliness of the
delivery of result
(acceptability by
clients/provider)

**Opportunity for
linkage to care**

**Access and capacity
to support
appropriate modality
of testing**

**Requirement for
mobility**

**Risk of patient loss
to follow-up**

**Need to
conduct
multiple tests**

NSW testing guidance examples



Testing setting	Potential community and LHD settings	Key client/service factors	Recommended test combinations
Inpatient LHD	Psychiatric, drug and alcohol rehabilitation, Emergency Departments	Controlled environment; patients on-site; access to venepuncture	Serology Reflex antibody → RNA
Outpatient LHD	Drug and Alcohol, Opioid Agonist clinics, Liver clinics, Antenatal services, Dental clinics, Psychiatric, sexual health clinics	Regular but variable engagement; venous access may be difficult; competing priorities	POC antibody + POC RNA DBS antibody + RNA POC antibody + DBS RNA Serology Reflex antibody → RNA
Outreach	Homelessness outreach and drop-in services, outreach bus, drug and alcohol, liver health outreach, Needle Syringe Program outreach	High risk of loss to follow-up; limited venous access; mobile/low-resource environments	POC antibody + POC RNA POC RNA only
Community clinics	Primary Care, drug and alcohol rehabilitation (resi-rehab), Opioid Agonist clinics, Clozapine Clinics, Needle Syringe Programs	Moderate follow-up capacity: some access to phlebotomy; opportunistic testing	POC antibody + RNA DBS antibody + RNA POC antibody + Serology RNA
Custodial	Community corrections, Justice health	Variable engagement; constrained environment; limited clinical infrastructure; potential limited venous access	POC antibody and DBS RNA DBS antibody + RNA

Some practical tips – How do you choose which test(s) to use?

- What are the characteristics of the location where I am going to go perform testing today?
- Will I have access to on-site venepuncture?
 - Yes – consider laboratory reflex HCV RNA testing
 - No – consider point-of-care or dried blood spot testing
- Is this a setting where patients come back regularly or venepuncture is not an issue?
 - Yes – consider laboratory reflex HCV RNA testing
 - No – consider point-of-care or dried blood spot testing
- Do I need to perform multiple different types of tests (e.g. other BBV/STI and liver function tests)?
 - Yes – consider laboratory reflex HCV RNA testing (or consider BOTH)
 - No – consider point-of-care or dried blood spot testing
- What is the anticipated HCV prevalence?
 - Low – integrate two-step antibody testing and reconsider need for point-of-care RNA
 - High – consider self-reported infection, workflow, and need for linkage to treatment pathways

Some practical tips – How do you choose which test(s) to use?

- Do I need to be mobile (e.g. am I testing at another service or at a beach/park)?
 - No – consider other factors for right test(s)
 - Yes – consider point-of-care or dried blood spot testing
- Do I have the access and capacity to support appropriate modality of testing?
 - No – consider standard testing methods (or go sort out access!!)
 - Yes – consider the other location/setting characteristics to make choice
- Is there a high chance that this person will be loss to follow-up and/or is it important that I try to engage this person in treatment/care today?
 - No – consider dried blood spot testing
 - Yes – consider point-of-care testing

Right test for the right person in the right setting

- We have a range of testing innovations that can simplify HCV testing and treatment
- Point-of-care RNA testing has facilitated initiation of treatment (not a silver bullet)
- Need to establish the right test(s) for the right person in the right settings
- Model of HCV testing and linkage to treatment will depend on access to new technologies, structural factors related to the testing location, and patient characteristics
- Consider these factors in decisions to choose the right test for the right person in the right setting
- Need to further understand - What works and why? What doesn't work and why it doesn't work?
- Luckily, we have some experts across Australia who have experience with different combinations



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