

Acceptability of community-led hepatitis c testing models in Australia among people who inject drugs: bridging the remaining gaps

Authors:

Stevens A¹, Lafferty L², Dore GJ¹, Grebely J¹, Treloar C² and Marshall AD^{1,2}

¹ The Kirby Institute, UNSW Sydney, Australia, ² Centre for Social Research in Health, UNSW Sydney, Australia

Background: Hepatitis C (HCV) testing technologies such as dried blood spot (DBS) and point-of-care testing should have fewer client-related barriers than traditional diagnostic pathways, yet there is limited evidence on their acceptability among people who inject drugs. The study aim was to evaluate the acceptability of DBS and point-of-care testing among people at risk of HCV infection and understand the circumstances in which such testing is most preferred.

Methods: Participants were recruited from community sites involved in the National Australian HCV Point-of-Care Testing Program (eg, state-based hepatitis organisations, drug and alcohol settings). Inclusion criteria were aged ≥ 18 years, history of HCV testing, and informed consent. In-depth, semi-structured interviews were conducted via telephone with clients on their perceptions and experiences of HCV DBS and point-of-care testing. Data were coded and analysed thematically with Sekhon's theoretical framework of acceptability.

Results: Forty participants were interviewed: 17 had previously received HCV DBS testing, 8 had received HCV point-of-care testing, 8 had experience with both, and 7 had no prior experience with either test. Venepuncture was regarded as providing more accurate results compared with DBS/point-of-care (perceived effectiveness), though most participants preferred point-of-care compared to DBS and venepuncture due to the shorter time to result (opportunity cost). The provision of peer support alongside testing influenced patients' affective attitude (how they felt about the intervention) if they were attending an unknown service. However, participants noted that provision of non-judgmental care was more important than whether testing was performed by peers.

Conclusion: Applying Sekhon's acceptability framework, findings highlighted remaining service gaps to bridge client HCV testing experiences, including education on the effectiveness of these tests, an increased need for non-judgmental care, education on the effectiveness of these tests, and the use of peer navigators in tertiary settings.

Disclosure of Interest Statement: AS has nothing to declare. JG has received research grants, speaker fees, and participated on advisory boards for AbbVie, Cepheid, Gilead Science and Merck. GD has received research grants from Abbvie and Gilead Sciences. CT and LL have received speaker fees from Abbvie.