

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

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Disclosures

- AS has nothing to declare.

Background and aim

Background: Hepatitis C dried blood spot (DBS) and point-of-care tests have been scaled up in Australia among people at risk of infection, however there has been limited research regarding their acceptability.

Aim: To evaluate the acceptability of HCV testing models (DBS testing and point-of-care testing) among people at risk of infection.

Methods and Results

- Recruitment through sites participating in the National Australian HCV Point of Care Program
- Inclusion criteria: ≥ 18 years, sufficient proficiency in English language, history of HCV testing
- In-depth interviews, \$40 cash
- Audio-recorded, transcribed verbatim, de-identified
- Data analysed with *Iterative categorisation* and applied *Sekhon's Theoretical Framework of Acceptability*
- 40 interviews:
 - 23 were male, median age 47, 9 were Aboriginal and/or Torres Strait Islander
 - 25 reported current injection drug use
 - 28 had ever been diagnosed with HCV, 23 had received HCV treatment
 - 33 had dried blood spot (DBS) and/or point-of-care experience

Results

Burden

Most participants preferred tests with shorter time to result as it reduced anxiety (participants with no history of DAAs)

You don't want to wait, especially when I am an anxious person. ... I reckon that's terrible waiting for a test, especially when you've shared needles. – Michael, 45yo, DBS

Ethicality

Most participants preferred receiving peer support in partnership with healthcare service or if attending an unknown service

I think it would depend on the clinic setting, like within anything like [drug user NGO] like it's going to be a safe space.... If it was a general GP or super clinic or something like that, maybe I would have a little bit more qualms about it. – Simon, 40yo, DBS

Intervention coherence

Most participants did not mind if their finger-stick test was done by a peer or nurse

Wouldn't matter, as long as they know what they are doing. – Josh, 47yo, DBS

Self-efficacy

Some participants voiced hesitation in self-collected or mail HCV tests and preferred assisted collection at a service

I go into the [needle exchange] at least once a month or so anyway, so if I needed to do another finger prick test, I would probably just go through them. – James, 51yo, point-of-care

Discussion

- Improved education on availability and tolerability of DAA treatments (burden)
- Need for non-judgemental care and use of peer navigators (ethicality)
- Improved education on HCV risk factors and testing (intervention coherence)
- Further research into acceptability of HCV self-testing among PWID (self-efficacy)

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