ON-SITE DRIED BLOOD SPOT TESTING FOR BLOOD BORNE VIRUSES AS AN ALTERNATIVE TO VENEPUNCTURE IN CLIENTS ATTENDING HARM REDUCTION AND OUTREACH SERVICES

<u>Read P^{1,2}</u>, Harrod ME³, Jauncey M⁴, Bergin M¹, Wood W⁴, McNaughton T³, Holden J⁵, Sharpe C⁵, Cunningham P⁶, McNulty A⁷.

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- 2- Kirby Institute, UNSW Sydney
- 3- NSW Users and AIDS Association
- 4- Uniting Medically Supervised Injecting Centre, Sydney
- 5- Centre for Population Health, NSW Health\
- 6- St Vincent's Applied Medical Research Centre
- 7- NSW Sexual Health Infolink

Background: Phase 2 of the NSW Dried Blood Spot HIV testing pilot commenced in late 2017. This phase broadened study eligibility to include people who have ever injected drugs, and Aboriginal people. Crucially services were now able to support participants to collect their samples and then provide test results. The inclusion of hepatitis C RNA significantly enhanced the potential impact of this pilot to these populations. This study describes testing and outcomes for the first 13 months of study participation.

Methods: The Kirketon Road Centre established training resources, clinical documentation, results procedures and partnered with the NSW Users and AIDS Association needle and syringe program (NUAA) and the Sydney Medically Supervised Injecting Centre (MSIC) to train staff to deliver DBS testing on-site. KRC also made DBS testing available through its NSP facility, KRC South, as well as on clinical outreach where venepuncture was not feasible. Numbers of tests, location of test, test results, results delivery and linkage to care were analysed.

Results: Since February 2018-March 2019, 201 DBS tests have been performed through these services (60 MSIC, 49 NUAA, 42 KRC South and 50 on KRC outreach). The majority of these clients (196/201, 98%) were eligible under injecting drug use criteria, with 5 clients eligible based on Aboriginal identity only.24 hepatitis C RNA results were positive, 22 of which have been able to be delivered to the participant. 14 are known to have initiated treatment, 3 declined treatment, and 5 have been lost to follow-up.10 clients had confirmed reactive HIV results. All 10 were aware of their diagnosis. Three were able to be linked back into care.

Discussion: DBS testing has proved a useful addition to conventional venepuncture in harm reduction settings. However, only a modest proportion of clients attending these services were able to be tested, as effective implementation has proven challenging.

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