AN UNMET NEED FOR HEPATITIS C TESTING AT NEEDLE AND SYRINGE SERVICES – LESSONS LEARNED FROM THE RAPID-EC FEASIBILITY STUDY.

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Introduction:
Point-of-care (POC) tests for hepatitis C (HCV) can facilitate testing in novel settings, overcoming some of the barriers to care facing people who inject drugs, the population key to Australia's HCV elimination efforts. We tested the feasibility and acceptability of POC testing for HCV from the needle and syringe program (NSP) desk.

Methods:
NSP workers, community health workers (CHWs), and nurses offered POC tests to clients accessing the NSP. The POC tests used were the OraQuick HCV antibody test using saliva (20 minutes to result) and the Xpert HCV viral load using serum (105 minutes to result). Participants were offered same-day results, and booked for follow-up review for treatment work-up and linkage to care if required. Participants completed behavioural, demographic and acceptability surveys. Participants were reimbursed AUD 30 for study involvement.

Results:
A total of 174 participants completed POC testing for HCV antibodies; 150 (86%) had a reactive result and of these, 140 (93%) underwent a POC HCV RNA test, with 76 (54%) positive. 167 (96%) had been tested for HCV previously, of which only 44 (26%) reported testing within 12 months, and 73 (44%) reported their last test as RNA positive. 154 (89%) reported injecting drug use and 82 (47%) receptive sharing of any injecting equipment in the preceding six months. Of the 140 participants who underwent POC RNA testing, only 7 (5%) waited on-site to receive the result, but 104 (74%) attended follow up by study completion. Surveys showed strong support for CHW and NSP worker involvement (104/106, 98%) and preference for POC tests (97/116, 84%).

Conclusion:
Provision of POC testing through NSPs was feasible and highly acceptable to clients at high risk of HCV. Despite few participants waiting on site for RNA results, we observed a high follow-up rate, indicating successful linkage to care.

Disclosure of Interest Statement:

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