

Point of care rapid HCV testing of needle exchange clients: Results from a New Zealand pilot study

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BACKGROUND/AIMS & METHODS:

- ❖ Of approximately 50,000 NZers chronically infected with HCV, only an estimated 10% have accessed treatment
 - ❖ ≥ 80% of new infections are amongst people who inject drugs
 - ❖ People who inject drugs are a hard to reach population, often poorly engaged with health care
 - ❖ Study aim: to demonstrate the viability of point of care rapid HCV antibody testing at peer-staffed needle exchanges (NEXs)
 - ❖ Therefore, study our is important because it offers a new path to diagnosis and subsequent treatment for this hard to reach population
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- ❖ Peer staff at two urban and one mobile NEX were trained to administer rapid HCV antibody tests using fingerstick technology, to attending clients
 - ❖ Clients rapid testing HCV antibody +ve were offered confirmatory venepuncture; a questionnaire was also administered
 - ❖ Clients with confirmed viral load and genotype were offered treatment where available and where treatment was unavailable, clients were advised about best health care practice
 - ❖ HCV AB –ve clients were encouraged to return for further testing after 6 months
 - ❖ Appropriate rapid HCV AB tests were identified, i.e. in terms of specificity / sensitivity, ease of use, and cost
 - ❖ Descriptive statistics were used to report collected data



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RESULTS:

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- ❖ Over a six-week period 204 individuals (66% male; median age 43 [range 16-68] 72% Caucasian, 24% Māori, 1% Pasifika) were administered HCV rapid tests
- ❖ Of these, 63.5% (n=129) rapid tested HCV antibody-positive
- ❖ All positive rapid test results able to be paired with venipuncture (n=55), were confirmed
- ❖ Positive rapid test results ranged from 58% of respondents at the smaller urban centre to 80% of mobile service respondents
- ❖ Seventy-five percent of respondents had previously been tested, with 66% answering that they knew their previous result, with 53% the latter reporting they were positive
- ❖ Fifty-six percent of those reporting they were positive at previous testing had NOT seen a Specialist
- ❖ Over six weeks 14 new diagnoses were made and seven individuals started on treatment



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CONCLUSIONS/IMPLICATIONS:

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- ❖ **Main finding: rapid HCV antibody testing of vulnerable and hard-to-reach populations can be efficiently, empathically and inexpensively undertaken by trained non-clinical peer staff at needle exchanges**
- ❖ Research implications:
 - ❖ Our pilot's success has generated important data for better characterising the sero-status of NZ's PWID population, which in turn opens the door to future, more targeted research whose outcomes will benefit injecting clients
 - ❖ Researchers partnering with Needle Exchange generates positive outcomes for both parties, including opportunities to upskill NEX staff; in the present case, in-house research increases capacity within the NEP
- ❖ Piloting rapid testing with a peer-based, peer-led service increases access to meaningful engagement with health care, particularly where BBVs are concerned. It also facilitates greater engagement with clients by staff and it affords staff the opportunity to increase their skills and knowledge base.
- ❖ As a result of this research rapid HCV antibody testing is being incrementally rolled out across the network of NZ exchanges. The NEP has also become the point of contact for other regional health services to access appropriate rapid HCV antibody tests, and to provide advice for best testing practice.



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