SLIPPING THROUGH THE CRACKS? THE EFFICACY OF OPT-OUT HCV TESTING IN A PRIMARY HEALTH CARE FACILITY SERVING MARGINALISED POPULATIONS

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Introduction:
It is estimated that one-in-five people living with Hepatitis C (HCV) in Australia are undiagnosed, and testing must be increased in order to achieve elimination targets. Kirketon Road Centre (KRC), a primary-healthcare service for populations at risk of blood-borne viruses, sought to determine if universal opt-out testing identified cases of HCV compared to established risk-based testing.

Methods:
We implemented universal opt-out testing for all clients from 1/2/19 to 31/10/19. The number of HCV Antibody (HCV-Ab) tests and results were compared to the same timeframe in the previous year. We examined positive cases in the opt-out year to determine if they would have been tested based on risk-criteria alone e.g people who inject drugs (PWID).

Results:
Throughout the opt-out period, KRC performed 1441 HCV-Ab tests (259, 18% among PWID). HCV-Ab positivity was 5% (72/1441; CI 4.0-6.2%), and of those, 89% (64/72) were PWID. Of the remaining 8 positive tests, 4 would have met testing criteria regardless of opt-out testing due to other risk factors (e.g. commencing PrEP), and 4 would not have been tested under risk-based screening guidelines. Of those 4, all were negative on supplementary antibody and HCV RNA testing.

In comparison, in 2018, 403 HCV-Ab tests were performed (169, 42% among PWID), 14.6% (59/403; CI 11.5-18.4%), were positive, of those 98% (58/59) had a history of injecting drugs, and 2% (1/59) were tested for confirmation of self-reported diagnosis.

Conclusion:
Despite a 258% increase, opt-out testing for HCV yielded few (n=4) positive HCV-Ab results compared to risk-based testing. However, all of these additional positive tests were probably false positives. At a cost of $15 per test, universal screening does not appear to be justifiable in case-finding in our local setting where reporting of risk-factors to clinicians is likely to be high.

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