

Analysing the rollout of HCV screening in Needle and Syringe programs in drug and alcohol clinics in metropolitan Adelaide.

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Background/Approach: There is a need for diverse, accessible models of care to increase hepatitis C (HCV) testing and treatment among an at-risk cohort.

Analysis/Argument: Offering a HCV screen, via HCV Point of Care Testing (POCT) or venepuncture, to clients whom attend Needle and Syringe programs (NSP) offers many benefits – access to HCV screening & treatment, and opportunity for brief AOD intervention and support. By offering testing for clients whom may attend AOD sites to access NSP solely, this facilitates engagement among a cohort whom may not engage with healthcare services, and provide opportunity for health care interventions & education.

Outcome/Results: Preliminary analysis shows a number of positive outcomes for NSP attendees—one metro AOD site approximately 50% of POCTs were from NSP attendees, with 14 positive cases found among 203 tests, and 11 commencing treatment. On two separate occasions, two and three positive cases were identified in a single day, through opportunistic testing. For NSP attendees engaging in HCV testing, this also facilitated linkage to AOD treatments. A \$50 voucher was made available to participants to reimburse time/travel.

When opportunistic testing could not be facilitated, clients would be booked to an appointment slot. This would frequently result in 'did not attend', thus strategies were used to re-book attendees into time slots POC operators were available to ensure testing capacity was available, and attendance rates were not affected.

NSP testing was publicised through direct information from NSP staff, posters, and stickers placed on the sharp's containers. Testing information was shared through HCV stakeholder meetings and Hepatitis SA. Despite these efforts, occasionally other related services were unaware of the testing initiatives.

Conclusions/Applications: Offering HCV screening to NSP attendees was a valuable intervention to aid HCV micro-elimination goals, and linkage to AOD care. Key learnings included ensuring availability of opportunistic testing for NSP attendees, need for ongoing publicising of testing initiatives, and strategies to manage attendance rates.

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