A national program to scale-up decentralized HCV point-of-care testing and treatment in Australia

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Background: Fingerstick point-of-care HCV RNA testing enables diagnosis and treatment in a single-visit, increases testing acceptability, and reduces loss to follow-up, addressing the drop-off in the HCV care cascade. This analysis evaluated HCV testing and RNA prevalence in a national program to scale-up point-of-care HCV testing.

Methods: The National Australian HCV Point-of-Care Testing Program is evaluating the scale-up of point-of-care HCV testing (antibody: Bioline HCV test; RNA: Xpert HCV Viral Load Fingerstick test) at 89 sites in Australia, including drug treatment clinics, needle and syringe programs, prisons, mental health services, homelessness services, Aboriginal Community Controlled Health Organisations, and mobile outreach clinics through an observational study. The program facilitates point-of-care testing for anyone at risk of HCV or attending a service providing care for people at risk of HCV. The program also includes standardised operator training for non-laboratory staff and quality assurance program. Immediate HCV RNA testing is performed in settings with high HCV antibody prevalence (≥15%, drug treatment, needle syringe programs and prisons). HCV antibody testing with reflex RNA testing is performed in settings with low HCV antibody prevalence (<15%, mental health, homelessness).

Results: Between January and October 2022, 31 sites (community, n=22; prison, n=9) have been established in five states/territories (97 operators trained) with 4,395 HCV point-of-care tests performed (antibody, n=477; RNA, n=3,918) in the community (n=1,230) and prisons (n=3,165). Among those receiving HCV RNA testing, 538 people (14%) have current HCV infection (community, 16%; prison, 19%).

Conclusion: This program is the first internationally to evaluate scale-up of point-of-care HCV testing in different settings, providing critical information on this approach towards reducing HCV prevalence. Standardised operator training and quality assurance have been critical for success. Facilitators and barriers to testing, scale-up and treatment uptake will be identified, informing the feasibility of HCV point-of-care testing scale-up in other global settings.

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