# UNIVERSAL ON-SITE HCV-RNA SCREENING IS WARRANTED AMONG ACTIVE PWID WHO ATTEND HARM REDUCTION CENTRES IN CATALONIA, SPAIN (HepC*detect* II Study)

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**Background:** In Spain hepatitis C virus (HCV) diagnosis rates may be too low to allow elimination by 2030 due to diagnostic burn-out. In Catalonia, the antibody testing coverage among PWID who attend harm-reduction centers (HRC) is 94.3%. However, linkage to care for HCV-RNA confirmation is limited. We aimed to implement on-site HCV-RNA testing at the HRC with the largest number of PWID in Spain, to assess their awareness of disease status and linkage to care of treatment candidates.

**Methods:** HCV-RNA testing from dried-blood spots (DBS) was offered to an opportunistic sample of active PWID (N=275). Laboratory DBS results were delivered to the center within 1-2 weeks. Results delivery to participants and referral to care was recorded. Additionally, an epidemiological questionnaire was administered.

**Results:** HCV viremic infection was detected in 162 participants (58.9%), 69 (42.6%) being unaware of it. There were no socio-demographic or bio-behavioral factors associated with unawareness of viremic infection. Conversely, 9.5% of participants erroneously believed that they were currently HCV-infected. Overall, 139 participants (50.5%) were unaware of their HCV status (either viremic or non-viremic). HCV-RNA results were successfully delivered to 75.3% viremic individuals, of whom 83.6% were referred to care (most of the rest were already linked to care). A subgroup of 32 (19.8%) viremic participants was followed up for 6 months after results delivery. Nine reached primary care, and while six reached the specialist another four had done so before participating in the study, none of them started treatment within the follow-up period.

**Conclusion:** Given the high proportion of individuals unaware of their HCV status, this on-site HCV-RNA testing strategy should be scaled-up to all PWID who attend the HRC network in Catalonia. Additionally, the limited linkage to care

and treatment access even after receiving HCV-RNA results at the HRC warrants future implementation of on-site antiviral treatment.

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