

POINT OF CARE RAPID HCV ANTIBODY TESTING OF NEEDLE EXCHANGE CLIENTS: RESULTS FROM A NEW ZEALAND PILOT STUDY

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Introduction:

An estimated 10% of 50,000 New Zealanders chronically infected with hepatitis C have accessed treatment. People who inject drugs are most at risk, with injecting attributed to >80% of new infections. This population is often poorly engaged with health care, therefore despite increasing availability of effective direct acting antiviral drugs (DAAs), accessing this vulnerable population through mainstream health care services for diagnosis and HCV treatment remains limited. One alternative is to provide rapid testing at point of care, such as through needle exchanges (NEXs).

Methods:

This study piloted the administration of rapid HCV antibody testing of needle exchange clients at three NEX services. Two urban and one mobile service were chosen, due to their associated clinical services. Peer staff were trained to administer rapid HCV antibody tests using fingerstick blood sampling technology, and a brief questionnaire. Clients testing positive for HCV antibodies were offered venipuncture sampling to confirm their rapid test result, with blood taken on-site by experienced clinical staff.

Results:

Over a six-week period 204 individuals (66% male; median age 40; 72% Caucasian, 24% Māori) were administered HCV antibody rapid tests. Of these, 129 tested HCV antibody-positive by rapid tests (63.5%). Seventy-five percent of respondents had previously been tested for HCV, with 66% knowing their previous result. Of these, 53% believed that they were HCV antibody positive. Of the latter, 56% had not seen a specialist. Over six weeks 14 new diagnoses were made and seven individuals started on treatment.

Conclusion:

Rapid testing of needle exchange attendees is a viable, efficient and economical means of identifying HCV-exposed individuals and extending treatment to this vulnerable and difficult to reach population. Needle exchange staff can readily be trained to administer tests, and provide vital harm reduction information to their clients and to encourage them into treatment. On-site clinical support is preferable.

Disclosure of Interest Statement:

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and the 2018 Conference Collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.