FEASIBILITY OF RAPID HEPATITIS C POINT-OF-CARE RNA TESTING AND TREATMENT AT AN INTEGRATED SUPERVISED CONSUMPTION SITE IN TORONTO, CANADA

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Background: The recent expansion of supervised injection/consumption services (SCS) in Canada and elsewhere offers a unique opportunity to engage people who inject drugs in HCV treatment. The purpose of this study was to evaluate the feasibility of offering rapid, point-of-care HCV RNA testing and linkage to treatment among service users of a small-scale SCS.

Methods: The SCS is integrated within a community health centre and is staffed by nurses, health promoters, harm reduction workers and accommodates up to 5 injections/consumptions at a time with an average of 10 new service users/month. Testing was advertised by posters within the SCS, staff referrals, and word of mouth. HCV RNA testing was conducted by the Health Centre's HCV Treatment Nurse 2.5 days/week using capillary blood samples using the Cepheid GeneXpert© platform. Baseline questionnaires captured socio-demographics and history of HCV care.

Results: Of 102 participants tested over 6 months, 69% were male with an average age of 41 years. 72% had unstable/no housing and 70% reported daily injection drug use. 33% reported no previous history of HCV testing. Of those with a history of testing, only 34% had received RNA testing and 47% didn't know what type of HCV testing they had received. 14 test results were invalid with 5 participants who agreed to repeat testing. Of 90 valid tests, 39% were positive. Of these 35 individuals, 13 have started further HCV assessments and one has completed treatment.

Conclusion: Interest in POC testing was high, and among those found to be HCV RNA positive there was substantial engagement in HCV care. Ongoing access to the HCV treatment nurse within the SCS and staff with lived experience of HCV facilitated linkage to care. POC testing in an integrated SCS is a promising model for HCV care engagement among persons who inject drugs.

Disclosure of Interest Statement: This research was supported by a micro-elimination grant from Gilead Sciences Canada and by in-kind support from Cepheid.