

Point-of-care testing for hepatitis C in the priority settings of Mental Health, Prisons and Drug and Alcohol Facilities.

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PROMPt is grant funded



Barriers to testing

- Multiple appointments
- Venous access problems
- Stigma

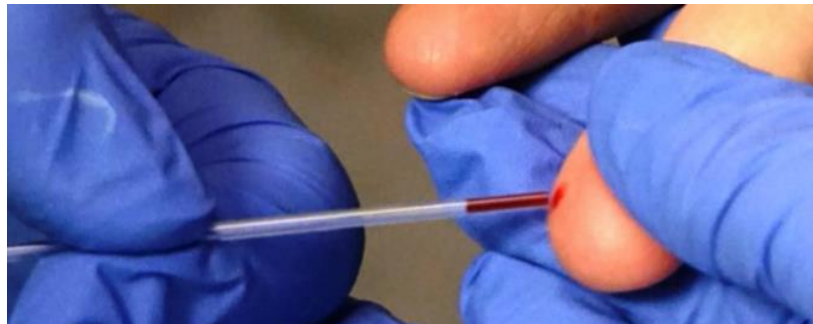


Point of Care testing

- Eliminates venous access problems
- Fast results
- Enables linkage to care
- Reduces number of visits
- Simplifies care pathway
- Can be performed in non-clinical settings

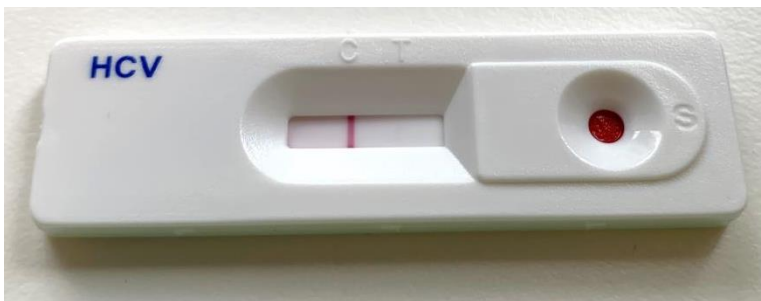
PROMPt study

- 12 mths recruitment
- 3 sites- Mental health inpatient ward, Alcohol & drug withdrawal unit, Remand Centre
- HCV Antibody, RNA POCT
- Primary objective - evaluate effect of POC testing scaling up on testing rates, linkage to care
- Secondary – feasibility, acceptability of POCT



PROMPt

- Pre/post test counselling, consent
- Fast results (5 mins antibody, 60 mins RNA)
- Peers- testing, education
- Facilitate linkage to care and treatment



PROMPt interim results

	HCV Ab Test	% Ab Positive	% RNA Test	% RNA Positive	RNA Positivity
Remand Prison	687	112/687 (16%)	112/687 (16%)	32/687 (5%)	32/112 (29%)
Inpatient AOD	359	66/359 (18%)	66/359 (18%)	10/359 (3%)	10/66 (15%)
Inpatient Mental Health Service	154	15/154 (10%)	15/154 (10%)	6/154 (4%)	6/15 (40%)
Overall	1200	193/1200 (16%)	193/1200 (16%)	48/1200 (4%)	48/193 (25%)

Oct 2020 – Aug 2021

PROMPt interim data

Aboriginal & Torres Strait Islander, n (%)	267/1200 (22%)
Preferred Method of HCV Testing - finger stick POCT, n (%)	1191/1200 (99%)
Participants Reporting Previous HCV Test, n (%)	660/1200 (55%)
Commenced HCV Treatment, n (%)	38/48 (79%)
Homeless Status of RNA Positive Participants, n (%)	25/48 (52%)

Oct 2020 – Aug 2021

Final points

- HCV antibody testing maximises testing capacity and resources (cheaper, quicker than RNA testing, no TGA approval)
- Individuals prefer POCT for HCV
- PROMPt POCT model = testing scale up
- More testing needed in homeless population

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