

EXPLORING COMMUNITY VALUES AND PREFERENCES OF LOW-DEAD SPACE NEEDLES AND SYRINGES AMONG PEOPLE WHO INJECT DRUGS IN OYO STATE, NIGERIA.

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Background:

Hepatitis C virus (HCV) remains a global public health concern, with limited care coverage in resource-limited settings. HCV self-testing (HCVST) offers a potential strategy to expand screening, diagnosis, and treatment. This study evaluated the feasibility and acceptability of HCVST among at risk populations, including people who are injecting drugs (PWID) in Cameroon

Methods:

From June 2023 to March 2024, adults (≥ 21 years) were recruited through four HCVST service models: people who inject drugs and men who have sex with men using drop-in-centers, individuals accessing antiretroviral therapy clinics, individuals attending chronic disease clinics. Participants were randomly assigned either blood-based or oral-fluid self-test kits, with the option to test on-site or off-site. Reactive results were linked to confirmatory testing and HCV treatment. Descriptive and multivariable analyses assessed acceptability and feasibility outcomes of HCVST

Results:

Of 2,653 clients offered HCVST, 99.7% ($n=2,644$) accepted, 97.7% tested on-site, and 80.9% performed unassisted self-testing. Most (91.7%) found HCVST easy to use, citing rapid results (60.4%), simplicity (45.8%), and confidentiality (23.1%). Nearly all (98.7%) would recommend HCVST, with 45.9% favoring unassisted home-testing. Satisfaction with HCVST increased with higher HCV knowledge (aOR 1.07, $p<0.001$) but was lower for blood-based tests (aOR 0.59, $p<0.001$), and assisted testing (aOR 0.28, $p<0.001$). Difficulties in result interpretation were rare (3.1%) but more likely with off-site testing (aRR 4.02, $p=0.001$). The HCVST seroprevalence was 4.4% ($n=117$), highest at chronic disease clinics (12.2%). Among 117 clients with reactive results, 93.2% linked to confirmatory testing, 72 were treatment-eligible, and 71 (98.6%) initiated therapy, with 74.6% achieving cure. Women had lower likelihood of disengage in the care cascade (aOR 0.26, $p=0.048$).

Conclusion:

HCVST was highly acceptable and feasible among PWID, other at-risk populations and across care models, increasing HCV testing uptake and care engagement in Cameroon. Findings can inform HCV strategies in other high-burden settings.

Disclosure of Interest Statement: *See example below:*

The 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. Authors do not have any conflict of interest.