

ADVANCING EQUITABLE ACCESS TO HIV/HCV TESTING AMONG PEOPLE WHO INJECT DRUGS: A MIXED-METHOD STUDY OF A MULTICOMPONENT IMPLEMENTATION STRATEGY TO INCREASE ADOPTION AND IMPLEMENTATION OF OPT-OUT TESTING AT SYRINGE SERVICES PROGRAMS

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Background:

Improving HIV and Hepatitis C (HCV) testing among people who inject drugs (PWID) remains fundamental in attaining the UNAIDS and WHO goals for 2030. Syringe services programs (SSPs) are ideal venues for reaching PWID with comprehensive testing services. In 2023, The US CDC endorsed opt-out testing for HIV/HCV in the SSP setting. This study examined the impact of a multicomponent implementation strategy – ACCESS – on adoption and implementation of opt-out HIV/HCV testing at two newly sanctioned SSPs in Florida.

Methods:

A community-driven implementation mapping approach was used to describe the most significant barriers to HIV/HCV testing within SSPs (financial resources, organizational capacity, staff training, data systems, and technical support) and identify discrete implementation strategies (low-threshold funding and practice facilitation) for the ACCESS strategy. Two SSPs in Florida then participated in a 24-month pilot of ACCESS. Quantitative data on participant-level demographics, HIV/HCV testing uptake, and testing outcomes were obtained from SSP administrative records at 12 and 24-months post-baseline. Qualitative interviews with SSP directors/staff were conducted to ascertain ACCESS's acceptability and feasibility.

Results:

Mean funding amounts provided for each 12-month period was \$75,962 per site. Mean HIV/HCV testing uptake was 70.1% and 69.3%, respectively, among SSP participants (n=475). There was significant variation between sites, with Site 1 testing 99.5% and 99.1% of participants for HIV/HCV, respectively, compared to 44.3% and 43.1% at Site 2. Interviews elucidated implementation fidelity issues, with Site 2 highlighting significant staff turnover during the initial 12-month period. Strategy adaptations (monthly check-in meetings and real-time data reports) were applied, after which HIV/HCV testing uptake at Site 2 significantly increased to 74.8% and 64.8%, respectively, at 24 months.

Conclusion:

Our ACCESS strategy (low threshold funding and practice facilitation) was acceptable, feasible, and showed preliminary efficacy within the SSP context to influence adoption and sustainment of opt-out HIV/HCV testing.

Disclosure of Interest Statement:

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administrative staff to assist with data acquisition and linkage, unfunded tests, and meeting-related travel expenses.