REACHING MICROELIMINATION OF HEPATITIS AND OTHER BLOODBORNE VIRUSES USING A CAPILLARY BLOOD POSTAL SERVICE

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Background:
England has reduced Hepatitis C (HCV) infections in line with WHO 2030 targets, with micro-elimination happening in many areas, achieved with the combination of diagnostics and treatment with Direct Acting antivirals. However, challenges remain including hard-to-reach populations, re-infection and loss to follow up. Active case finding is required, with support from community clinics such as mobile unit testing. A capillary blood testing service provided by UK Health Security Agency(UKHSA) Bristol laboratory provides a rapid bespoke testing option for all-in-one testing for antibody and nucleic acid bloodborne screening without requirement for venepuncture.

Methods:
A pilot study, between October 2024-February 2025, within the South of England; combined a bespoke postal service testing to include HCV, HIV, Hepatitis B (HBV) and Treponemal (syphilis). Sampling used a lancet and microcontainer for blood collection. This study identified 66 people at risk within hard-to-reach rural and island locations, where bespoke care pathways were initiated. The mobile van provided supported capillary blood samples sampling and posted to the laboratory.

Results:
66 HCV RNA PCR tests were successfully with 17/66 (26%) PCR positivity and one participant with hepatitis C reinfection identified due to a genotype change; 10 initiated treatment and 4 due to start. Further, there were 3 patients identified which were previously lost-to-follow up. All samples requested had successful HCV genotyping within 6 days which identified genotype-specific treatment, allowing a cost-efficient HCV care cascade. 1 case of HBV was also identified.

Conclusion:
This pilot provided broad bloodborne virus testing without requirement for venepuncture, supporting a bespoke service whilst maintaining good assay sensitivity. This assisted versatility of testing and support for re-engagement in a rural hard-to-reach community. Genotype testing supported genotype-specific treatment, allowing cost-effective treatment whilst providing a rapid TAT. This service supported shortened HCV pathways and future innovations will include FIB-4 testing within the sample.

Disclosure of Interest Statement:
Nothing to disclose