FINDINGS FROM A PROJECT WHICH ESTABLISHED HEPATITIS C POINT-OF-CARE TESTING AND LINKAGE TO CARE AT A HOMELESSNESS SERVICE IN ADELAIDE, AUSTRALIA, 2021–2022

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Background:
Point-of-care hepatitis C virus (HCV) testing streamlines testing and treatment pathways. In this study, we established a HCV model of care in a homelessness service by offering antibody and RNA point-of-care testing.

Description of model of care/intervention/program:
A nurse-led HCV model of care with peer support was implemented over six months between November 2021 and April 2022 at a homelessness service in Adelaide, Australia. All clients of the service were eligible to participate. Clients were offered an initial antibody point-of-care test, and antibody positive clients were immediately offered RNA point-of-care testing. Clients who tested RNA positive were linked to a viral hepatitis nurse for treatment.

Effectiveness:
A total of 230 clients received a HCV antibody point-of-care test, of which 68 (30%) were antibody positive and 11 (5%) were RNA positive. Of these, 7 (64%) clients successfully completed treatment and 5 (45%) received an SVR test to confirm cure (Figure). Nine in ten (93%) answered that they prefer the finger prick point-of-care test with their HCV test results available the same day to conventional venepuncture.

Conclusion and next steps:
We successfully established HCV testing and treatment pathways at a homelessness service using HCV antibody and RNA point-of-care testing. The high testing uptake underscores the utility of HCV point-of-care testing when establishing HCV testing and treatment pathways. The low RNA positivity suggests that an initial HCV antibody test was cost-effective, and the four clients diagnosed with chronic HCV who were lost to follow-up indicates a need for enhanced treatment support.

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Figure. Hepatitis C cascade of care among people who received a positive hepatitis C antibody point-of-care test at Hutt St homelessness service, (N = 68).