

ACCEPTABILITY OF POINT OF CARE FINGER-STICK AND VENEPUNCTURE HEPATITIS C VIRUS TESTING AMONG PEOPLE WHO INJECT DRUGS AND HOMELESS PEOPLE

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Background: Uptake of Hepatitis C virus (HCV) testing remains inadequate globally. Simplified point of care tests are urgently needed to enhance HCV diagnosis and elimination. We aimed to assess the acceptability of finger-stick whole-blood and venepuncture HCV testing among people who inject drugs (PWID) and homeless people in Australia.

Methods: Participants were enrolled in an observational cohort study with recruitment at six sites between May and December 2016. Capillary whole-blood collected by finger-stick and plasma collected by venepuncture were for Xpert[®] HCV viral load testing. Participants completed a questionnaire on acceptability of blood collection methods.

Results: Among 297 participants (mean age, 45 years; 70% male), 39% self-reported as HCV positive and 40% tested HCV RNA positive. Overall, 70% reported ever injecting drugs, 51% injected in the last month, and 35% were receiving opioid substitution treatment. Prior to the study, 67% reported ever testing for HCV by venepuncture and 46% by finger-stick. Sixty-seven percent preferred to receive HCV test results on the same day and 94% indicated that they would be willing to wait up to 120 minutes for results. Most participants (83%) reported that finger-stick testing was somewhat or very acceptable (83%). The majority of participants preferred finger-stick over venepuncture (68%), with 70% of these preferring to receive results in 60 minutes. The most common reason for preferring finger-stick testing was that it was quick (55%) or that the nurse usually has trouble taking my blood (9%).

Conclusion: Finger-stick whole-blood collection is highly acceptable to PWID and homeless people. The further evaluation of simplified point of care HCV testing as a single-visit opportunity to engage people in care is crucial for HCV treatment scale-up to achieve HCV elimination.

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