SAME DAY DELIVERY! HCV POINT OF CARE TESTING IN SOUTH EAST QUEENSLAND MARGINALISED COMMUNITIES SIMPLIFIES DIAGNOSIS AND ENSURES RAPID ACCESS TO TREATMENT.

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Background

Kombi Clinic has been screening and linking marginalised populations to HCV care in South East Queensland, Australia from a vintage yellow Kombi Van since 2017. It has become apparent that further efforts are required to reduce the patient barriers in accessing HCV cure. Traditional phlebotomy services are a significant obstacle with regards to venous access, needle phobia and turnaround time for pathology results.

Description of model of care / intervention

Since December 2020, Kombi Clinic has been using Point of care testing (PoCT, Cephied Genexpert) for RNA HCV. We have incorporated PoCT along with fibroscan in our outreach clinics providing simplified, fast testing. We have engaged this enhanced model at homeless drop-in centres, probation and parole offices and methadone/suboxone treating GP clinics and pharmacies.

Effectiveness

Over the past 5 months we have tested 297 patients with PoCT. With 43 HCV RNA positive, 229 HCV RNA negative and 24 tests error/invalid. Of those RNA positive, 32 patients have started on treatment, with 41.9% starting treatment same day of diagnosis and 83.8% starting within 7 days. SVR12 timeframe for this cohort is yet to be reached. However, with regards to negative results, 13 patients previously treated, used PoCT to confirm SVR. Patient experience and demographic data was also recorded.

Conclusions and next steps

Incorporating HCV PoCT in the community and outreach settings is vital for reducing barriers to diagnose HCV and is critical at timely linkage to care. Providing simplified and straightforward diagnostic blood collection enables more patients to be tested, especially those unable to have formal phlebotomy. Fast turnaround of HCV RNA results ensures faster initiation of treatment, avoiding the risk of lost to follow up. This model highlights the ability for HCV PoCT to effectively operate in community settings, thereby simplifying the cascade of care pathway for marginalised patients.

Disclosure of interest statement

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