

## **FILLING THE GAP- DBST AT HOME AS A MITIGATION FOR REDUCED FACE TO FACE CONTACT DURING COVID**

**Craik J,<sup>1</sup> Sills L,<sup>1</sup> Reynolds K,<sup>2</sup> Barclay S,<sup>1</sup> Shepherd SJ<sup>1</sup>, MacDonald R<sup>1</sup>**

<sup>1</sup>NHS Greater Glasgow and Clyde

<sup>2</sup>Renfrewshire HSCP

### **Background:**

Opportunities to routinely offer blood borne virus testing during COVID to those in the care of alcohol and drug recovery services were impacted by revised service models. Alternative models to provide testing were sought for those not being seen in person.

### **Description of model of care/intervention:**

During routine phone appointment with their care manager/ORT prescriber, eligible individuals were offered the opportunity to receive a dried blood spot test to perform at home.

Those agreeing were sent a pack with the necessary equipment as well as instructions. Individuals were also offered telephone support to take their sample. Individuals returned the sample to the laboratory using a prepaid envelope. Follow up took place at the individual's next phone appointment approximately 4 weeks later. Follow-up included establishing if the test was performed, result giving and gather feedback on the process. Staff feedback was also sought.

### **Effectiveness:**

Across the two participating services, 99 individuals were approached about home testing.

98 agreed to be sent a testing kit.

31 individuals (31%) returned a dried blood spot card directly to the laboratory.

13% of returned cards contained an insufficient sample.

31% of individuals tested for HCV antibodies were positive.

No HCV PCR positives were identified and no HIV infections were identified.

### **Conclusion and next steps:**

The model of self-sampling at home appeared to be acceptable to those offered it. However, this did not necessarily translate into equal numbers of samples being returned to the laboratory. While there appears to be potential for the provision of self-testing as a means of supporting testing recovery, staff found the model onerous compared to in person delivery. While refinements to the model may be explored, incorporating learning from other areas, finding ways to support resumption of in person testing where possible should be the primary focus for recovery.

### **Disclosure of Interest Statement:**

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