

Engaging the Disengaged:

HEP C U Later

HCV self-testing and linkage to care for drug treatment service users during COVID-19.

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Overview:

Self-testing is validated for HIV with evidence for increased testing uptake, comparable linkage to care and an absence of harm in at-risk individuals. However, there is limited data on this strategy for HCV infection.

During COVID, most clinics moved to telephone consultations, reducing opportunities for blood-borne viruses (BBV) screening. This project targeted patients with >12 months follow up for re-engagement testing through supported home self-testing for HCV with rapid linkage to care.

Aims:



The aim of this project was to assess the efficacy of supported postal (home) self testing, during periods of national lockdown, for active HCV infection in a population of service users from two providers in Surrey: Inclusion Recovery Aldershot's Substance Misuse Service and i-access CDAT (SABP).

Methodology:

Data from Inclusion Aldershot gathered during the pilot phase of the project between May–October 2021, and from i-access between October 2021–March 2022 as part of a wider roll-out of the project.

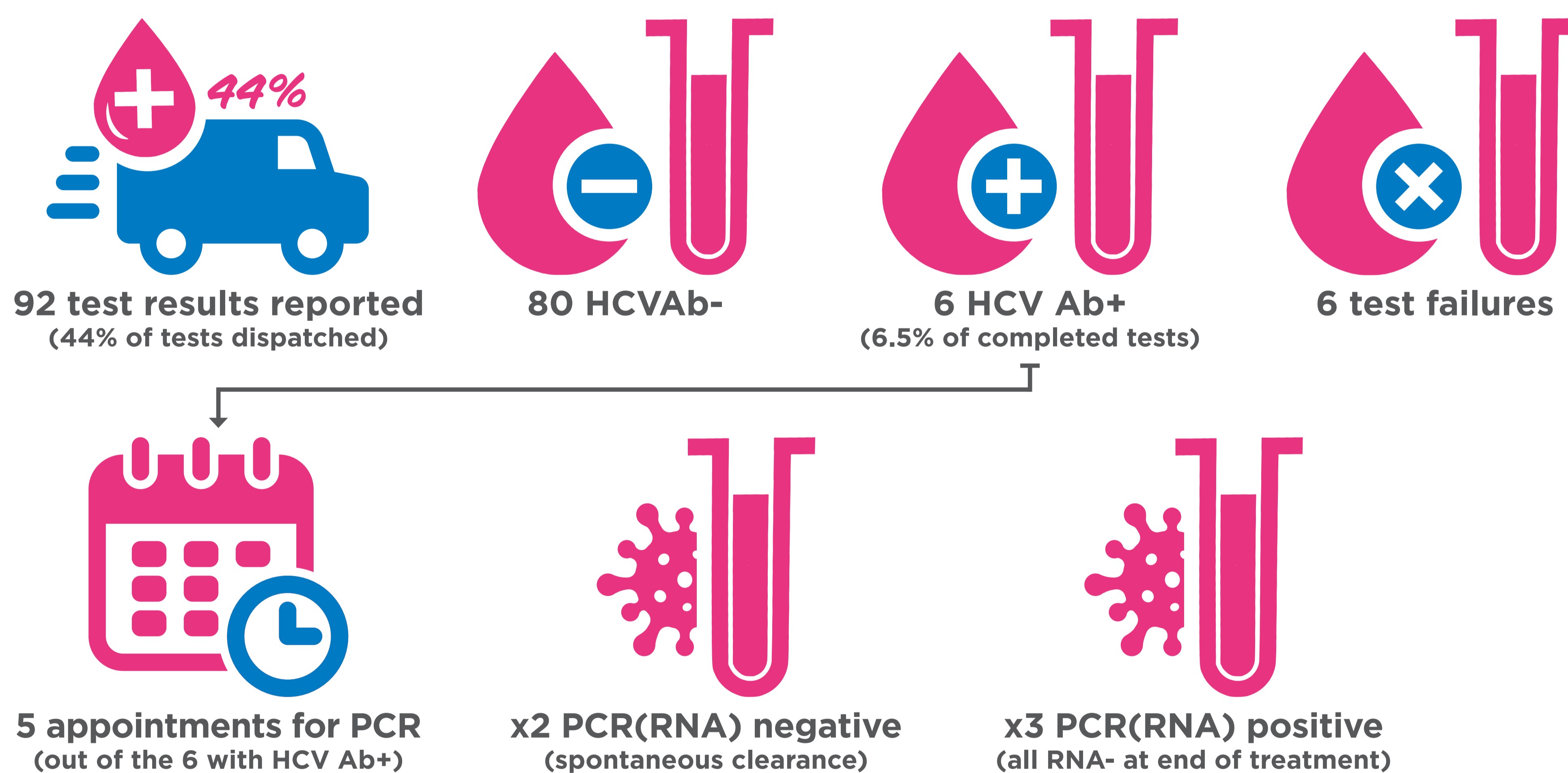
Interrogation of patient records identified target populations of older clients (>45years) who had not previously been tested.

Exclusion criteria: Individuals who had a previous positive HCV Ab result, and/or who had received prior treatment for HCV, and/or had a negative DBS test within 6 months, were excluded.

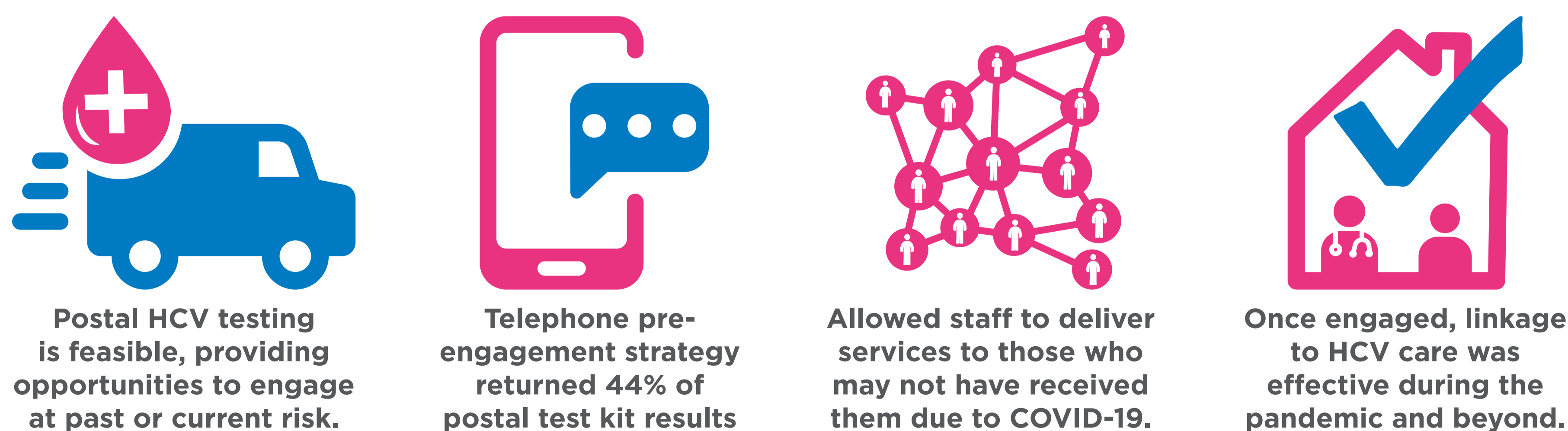
Telephone contact was made with 422 service users in order to gain consent for their participation in this project.

Participants who consented received a postal testing pack including bespoke patient information leaflet and Oraquick® point of care test. A dedicated phone line was set up and used to discuss results and deliver support. Positive HCV Ab tests triggered urgent assessment by Hepatology nurses, and those with active HCV infection were supported through treatment by The Hepatitis C Trust peers.

Results: Out of 422 service users, a total of 210 people consented to participate and received home HCV self-test kits.



Conclusions and next steps:



Following on from this project, other service providers have requested a supply of home testing kits to be available, to widen the options for engagement with the BBV test offer.

References:

WHO 2021. <https://www.who.int/publications/i/item/WHO-CDS-HIV-19.36>. Accessed September 2022.

Nguyen et al. Acceptability and Usability of HCV Self-Testing in High Risk Populations in Vietnam *Diagnostics (Basel)* 2021 Feb 23;11(2):37.

Disclaimer:

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