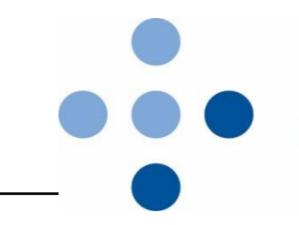


# CHALLENGES IN DELIVERY OF POINT OF CARE TESTING FOR HCV RNA IN A MOBILE HEALTH SERVICE FOR PEOPLE WHO INJECT DRUGS



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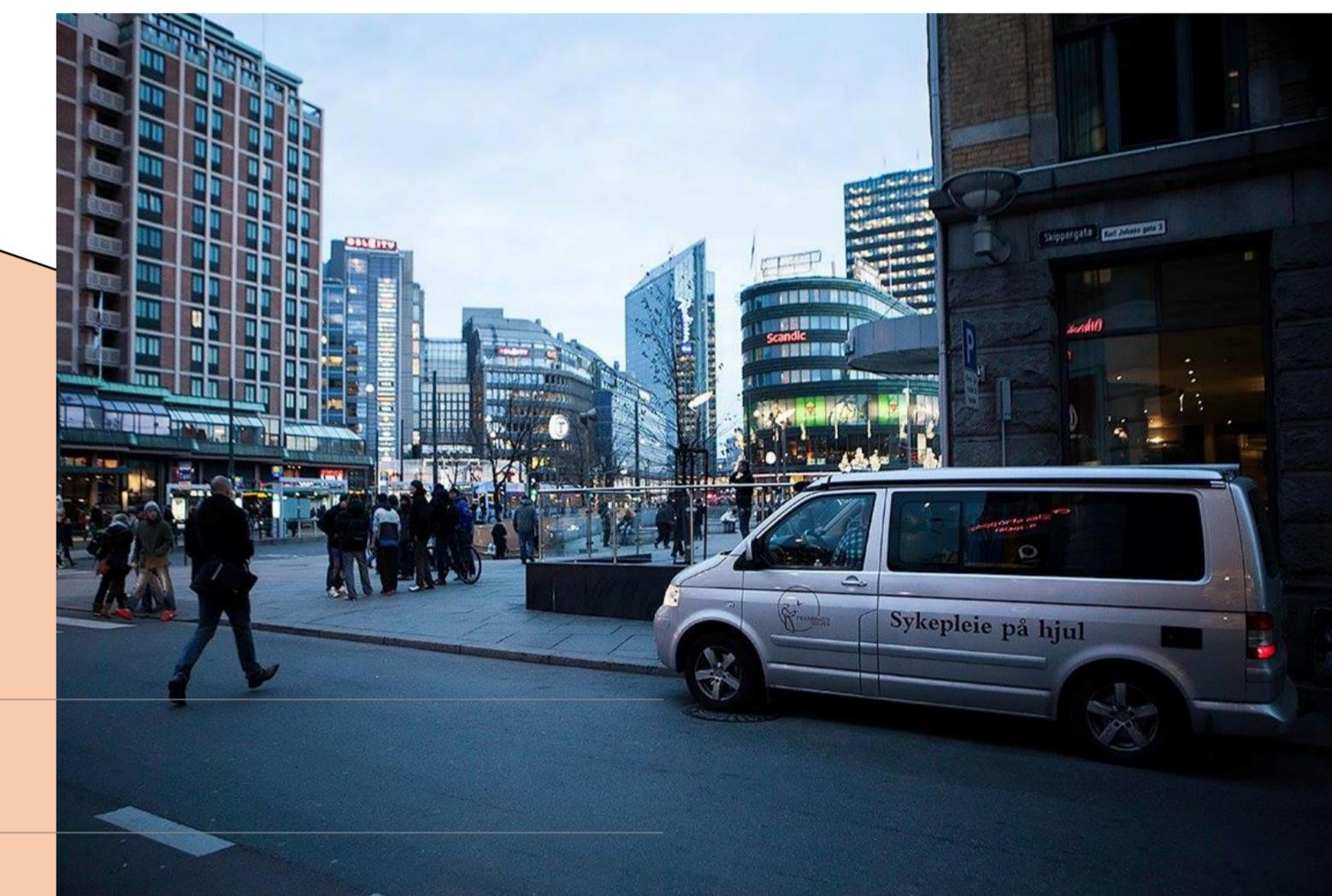
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## BACKGROUND AND AIM

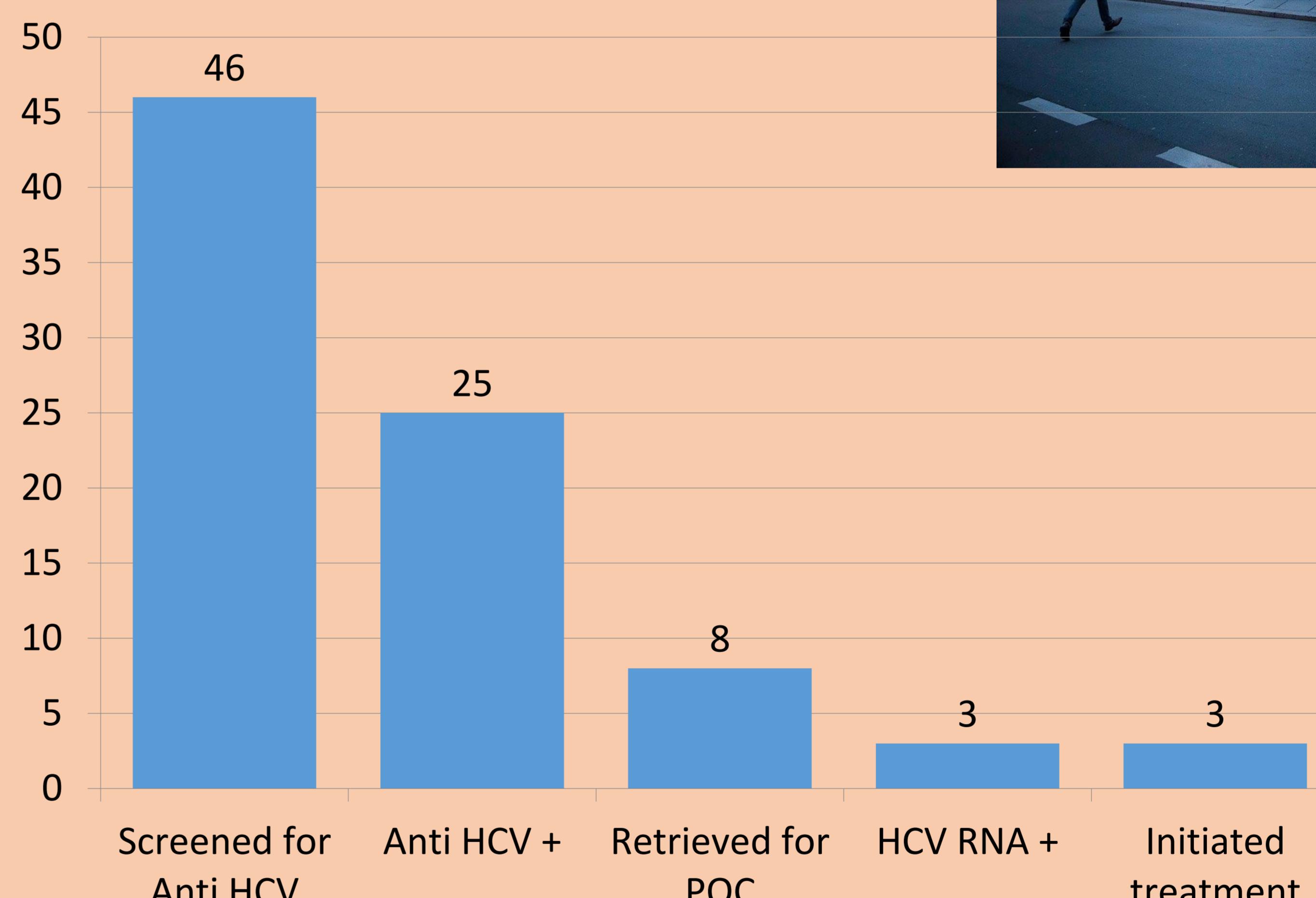
- Background:** A need for increased treatment uptake among the most marginalized among people who inject drugs (PWID)
- Aim:** Assess the utility of a point of care (POC) test for HCV in a mobile low threshold health service in Oslo

## METHODS

- «Nurses on wheels» deliver harm reduction services to PWID on the street and in homes
- HCV testing was offered along with the ordinary services during the study period
- Patients were first screened for **anti HCV antibodies** with the more reasonable oral swab rapid test with a response time of 20 minutes
- Antibody positive patients were included and offered a **HCV RNA POC test** performed on capillary blood with a response time of 60 minutes
- RNA positive patients were offered a **prescription at site**



## RESULTS



## DISCUSSION

- Retaining patients at site after both antibody screening and POC testing was challenging. Hereafter all clients will be screened directly with the POC test.
- Omitting the antibody test would presumably lead to all 25 patients having undergone POC testing, detecting more cases of chronic infection and potentially leading to an increase in number of treatments.
- However no patients waited for results after POC testing either and time and resources were required to track patients afterwards.
- This reduces the ability to profit from POC testings perhaps most important benefit of enabling testing and initiation of treatment in one visit.

## CONCLUSION

In an outreach setting the POC tests' potential is limited by the difficulty of retaining patients long enough at site to initiate those with chronic infection. Initiation of treatment therefore depended on resources to track RNA positive patients afterwards .