

UTILIZATION OF POINT OF CARE HEPATITIS C TESTING ON PRIORITY POPULATIONS IN AN OUTREACH SETTING



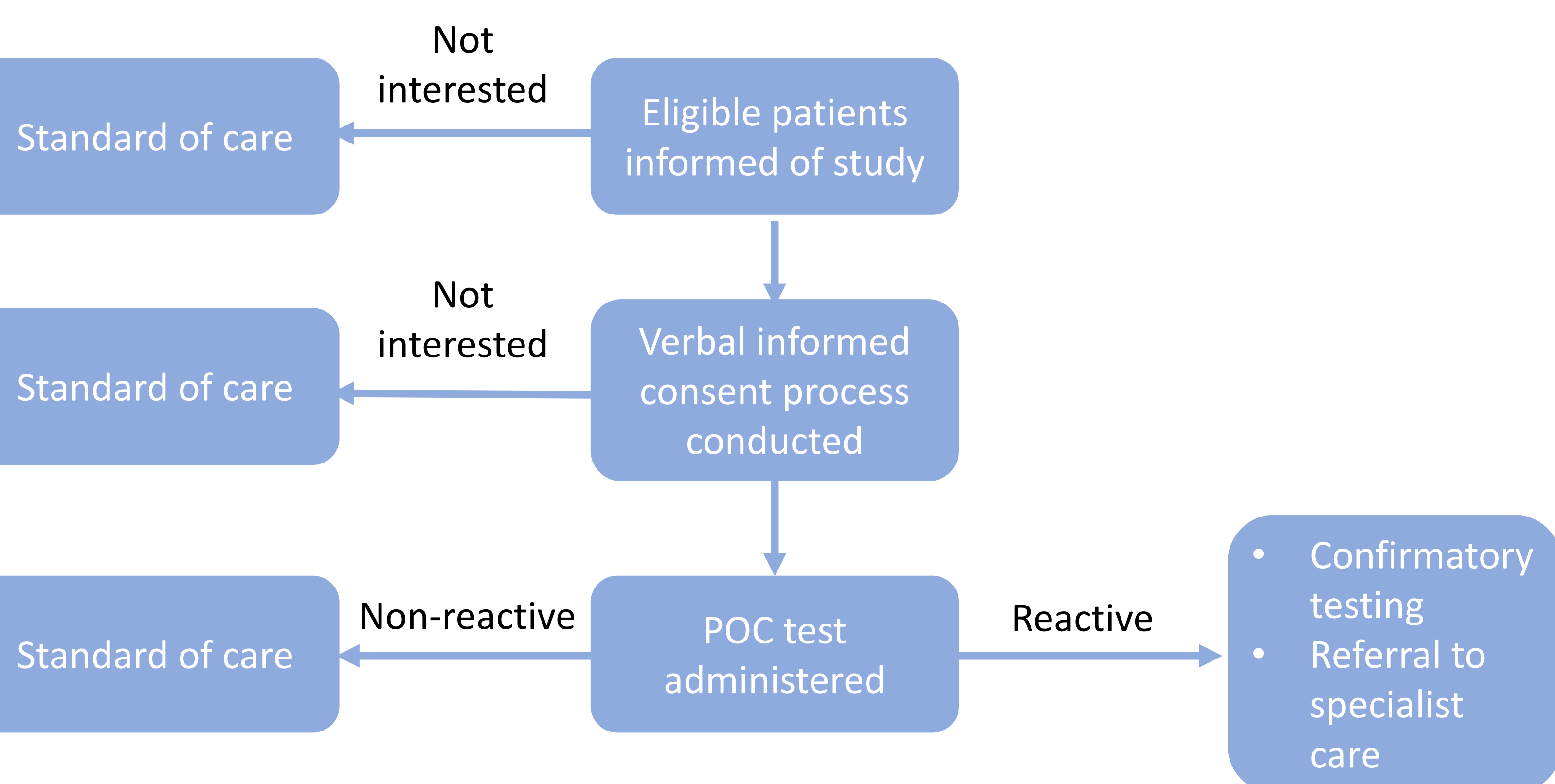
Brown T¹, Chkrebtii N¹, Ricciuto D¹, Bailey C¹, Carr K¹, Boyd P¹, Craig J¹
¹ Positive Care Clinic, Lakeridge Health, Whitby, Ontario, Canada

INTRODUCTION

- Approximately 44% percent of hepatitis C virus (HCV) infections in Canada are undiagnosed
- Ontario Ministry of Health defined priority populations are disproportionately affected and experience barriers limiting access to care. These include:
 - People who use drugs
 - People who are homeless or under-housed
 - Indigenous people
 - Street involved youth
 - People involved with the correctional systems
- We aimed to prospectively determine the impact of access to point of care (POC) HCV testing in outreach settings on priority populations with an aim to advance health care outcomes

METHODS

- From July 2017 to December 2018 a registered nurse offered point-of-care (POC) HCV testing using the OraQuick[®] HCV Test to priority individuals of unknown HCV status at six outreach locations.
 - All outreach locations provided meals and support.
 - All participants received HCV education and harm-reduction counselling.
 - Participants and health care personnel were surveyed on their experiences.



RESULTS

Table 1. Study distribution of priority populations

Priority Populations	# Participants (%)
Persons who use drugs	99 (72)
Indigenous person	15 (11)
Persons involved with correction system	40 (29)
Street involved youth	8 (6)

Table 2. Study population characteristics

	# Participants (%)	
Valid Health Card	Yes	110 (80)
	No	24 (18)
	Missing	3 (2)
Gender	Male	74 (54)
	Female	63 (46)
	Trans/Unspecified	0 (0)
Ethnicity	Arab/West Asian	0 (0)
	Black	3 (2)
	First Nation	12 (9)
	Inuit	0 (0)
	Latin American	0 (0)
	Metis	2 (1)
	Southeast Asian	0 (0)
	White	118 (86)
	Missing	1 (1)
	Not listed	1 (1)
	Previous HCV Testing	Yes
No		60 (44)
Unsure		4 (3)

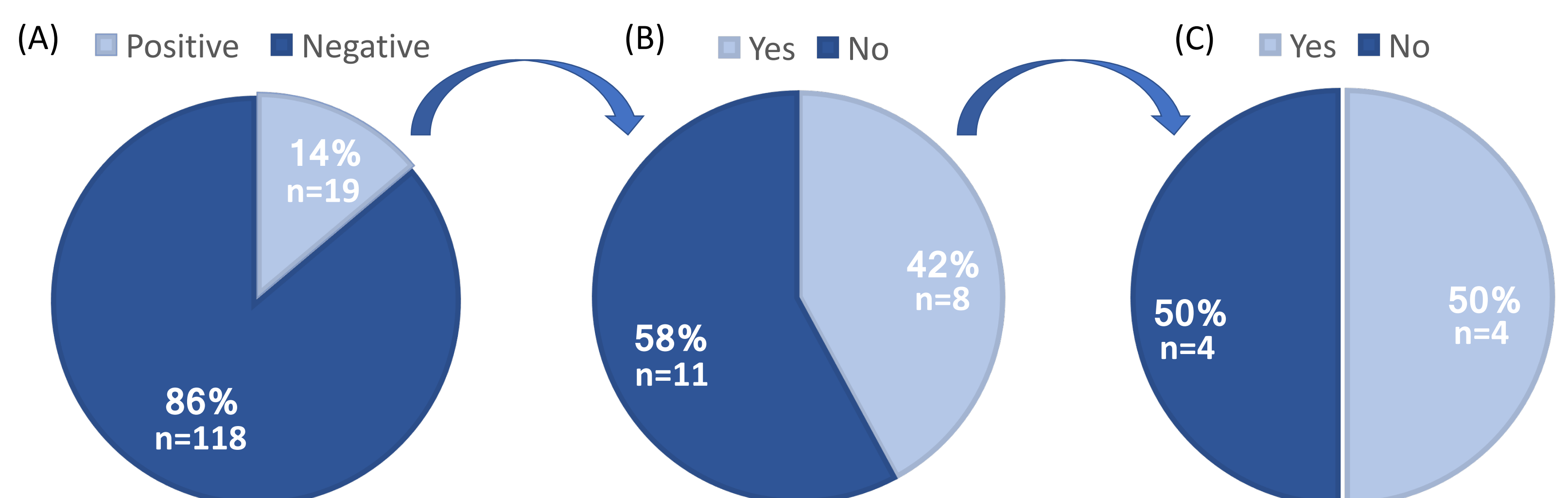


Figure 1. Participation in POC and confirmatory HCV testing. (A) POC testing result. (B) Participants who underwent confirmatory testing. (C) Participants who engaged in specialized follow-up care.

CONCLUSIONS

- Application of POC testing in an outreach setting allowed for rapid HCV testing and counselling of high-risk individuals.
 - This alone might trigger behaviour change, prevent transmission and reduce stigma associated with testing.
- Testing was safe, easy to administer, and transportable to non-traditional healthcare settings.
- We confirmed a high prevalence of HCV in priority populations, including people who use drugs. Only 21% of patients with positive POC tests engaged in further care, highlighting a major barrier to treatment.
- Strategies to promote ongoing engagement need to be evaluated, including Telehealth and outreach physician appointments.

DISCLOSURES/ACKNOWLEDGEMENTS

- Medical Project funding received from Gilead Sciences Canada, Inc.
- Gilead Sciences had no input into the design, implementation, or writing of this research study.