

CLIENT AND STAFF PERSPECTIVES ON POINT-OF-CARE HEPATITIS C TESTING FOR PEOPLE ATTENDING NEEDLE SYRINGE PROGRAMS

Latham N^{1,2}, Pedrana A^{1,3}, Doyle J^{1,4}, Howell J^{1,3,5,6}, Williams B¹, Higgs P^{1,7}, Thompson A^{5,6}, Hellard M^{1,3,4}

¹ Disease Elimination Program, Burnet Institute, Melbourne, Australia

² Department of Infectious Diseases, Monash University, Melbourne, Australia

³ School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia

⁴ Department of Infectious Diseases, The Alfred and Monash University, Melbourne, Australia

⁵ Department of Gastroenterology, St Vincent's Hospital, Melbourne, Australia

⁶ Department of Medicine, University of Melbourne, Melbourne, Australia

⁷ Department of Public Health, La Trobe University, Melbourne, Australia

Background:

When treated for hepatitis C, people who inject drugs (PWID) achieve similar rates of cure to non-PWID. However, a known barrier to treatment is the need to attend multiple appointments for diagnosis. Point-of-care (POC) tests provide results within 20 to 108 minutes and can be offered opportunistically at sites attended by PWID. In this nested qualitative study we explore the perspectives of needle syringe program (NSP) attendees and staff on POC testing.

Methods:

Clients that had recently undergone POC hepatitis C antibody and RNA testing at NSPs in Melbourne, Australia were recruited for a semi-structured interview. Community health workers, nurses, general practitioners, and managerial staff involved in POC testing were also invited to participate in an interview. A hybrid thematic analysis of interview transcripts was then performed.

Results:

Nineteen clients and seven staff were interviewed. Amongst clients, three core themes emerged: people and place, method of specimen collection, and rapidity of result return. Clients were not concerned as to the level of prior healthcare training of the staff member performing the test (i.e. a community health worker compared to a nurse). While it was highly acceptable to be offered testing at the NSP, no clients waited onsite to receive their POC RNA result. Four core themes emerged from the staff interviews: challenges of the research environment, developing practical skills, strategies for engaging clients, and logistical barriers to service delivery. The need for formal written consent and detailed data collection were highlighted as barriers to intervention delivery and client engagement.

Conclusion:

Offering hepatitis C testing at NSPs is acceptable to PWID, however is limited by the speed with which POC RNA tests produce a result. Staff, including those with no prior experience in performing hepatitis C testing, felt confident with the technical and communication skills required to deliver POC testing.