

## ASSESSING MOLECULAR POINT-OF-CARE TESTING AND DRIED BLOOD SPOT FOR HEPATITIS C VIRUS SCREENING IN PEOPLE WHO INJECT DRUGS: A PILOT STUDY

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**Background:** Intravenous drug use is a major driver of hepatitis C virus (HCV) spread worldwide and the World Health Organization (WHO) has identified people who inject drugs (PWID) as a key population to target for HCV screening and care. Point-of-care hepatitis C tests and dried blood spot (DBS) sampling offer benefits for the management of patients with HCV infection by increasing HCV testing and linkage to care in different non-clinical settings.

The aims of this prospective study were to assess the feasibility and the acceptability of use HCV RNA POC and fingerstick DBS testing in drug treatment services and drug supervised consumption room and to describe the cascade of care among PWID in France.

**Methods:** Between June 2018 to February 2019, 89 consecutive HCV seropositive PWID attending two drug treatment services and one supervised consumption room in inner-Paris were invited to participate in further evaluation including liver assessment, and fingerstick capillary whole blood POC HCV RNA testing and fingerstick dried blood spot (DBS) sampling

**Results.** Of the 89 participants enrolled, HCV RNA was detected in 34 (41.0%) participants. Fingerstick whole blood POC RNA testing and HCV RNA detection from DBS sample were feasible and acceptable among PWID with no major difference in terms of HCV RNA detection. Overall, 16 participants received pangenotypic antiviral treatment. The proportion of PWID with SVR12 was 81.2%, with data for three patients still pending.

**Conclusions:** One-step screening strategy based on the detection of HCV RNA would engage people in care for treatment scale-up and HCV elimination.

**Disclosure of Interest:** Nothing to disclose.