

Hepatitis Victoria calls on the Victorian Government to:

**Undertake a rapid testing pilot for Hepatitis C
in the West**

Specific action:

- **Commit to a pilot program involving rapid point of care testing in services used by people at risk of hepatitis C infections.**

Context:

In 2012 there were more than 10 000 diagnoses of hepatitis C in Australia. Approximately 80% of people who have hepatitis C in Australia are aware of their infection however many people remain undiagnosed for a significant period of time after they are infected. In 2012 more than 95% of people who were diagnosed with hepatitis C had had the infection for longer than 2 years at the point of diagnosis. This lag time between infection and diagnosis can increase transmission risk and delay the accessing of specialist services essential to maintaining health.

If hepatitis C infections are left untreated, after 20 years 31% will develop mild to moderate liver disease, of which 23% will develop cirrhosis and 3% will develop liver cancer.

The problem:

Most people exposed to the hepatitis C virus will have no or few specific symptoms at the time of their infection. In addition, people may have a lack of understanding or

denial about their own personal risk of acquiring hepatitis C or not feel comfortable in requesting a test.

Discrimination from the health care service, concerns about privacy, not being offered a test and not feeling engaged with testing staff are known deterrents to testing.

Hepatitis C infections should be diagnosed with a combination of tests - an initial antibody test that screens people for exposure to the virus and a PCR (polymerase chain reaction) test that confirms either viral clearance (which occurs in 25-30% of cases) or chronic infection. These tests and the delivery of results are usually done over separate visits and rely on people returning to receive antibody results and undertake a PCR test.

The multiple visits required for diagnosis, in combination with the aforementioned barriers to testing, mean a significant amount of people do not return for their hepatitis C antibody result or their PCR test. As a result, many people never receive confirmation of a chronic hepatitis C infection. Ensuring people receive a PCR test and know whether or not they are chronically infected has profound implications for both the health of the individual and for the prevention of hepatitis C transmission.

Many intravenous drug users decline blood tests because of difficulties with venipuncture. Rapid testing including the use of saliva will encourage those people to have this vital initial screening.

The solution:

A rapid point of care test (RPOCT) is a screening tool for people at risk of blood borne viruses. A hepatitis C RPOCT detects hepatitis C antibodies. This is a crucial first step in a diagnosis and enables the first stage of testing to occur within a single visit. Hepatitis C screening using a RPOCT has great potential to limit loss to follow-up by allowing a progression to a PCR test in the first testing visit.

Crucially, RPOCT can be performed by non-clinically trained individuals and integrated into a range of services, such as drug and alcohol services, to increase access to populations who have risk factors. They can enable opportunistic and targeted screening by staff who are already familiar to clients. They also enable testing to occur in environments conducive to counselling people about their risk regardless of whether or not they are found to be antibody positive. Primary needle and syringe (NSPs) such as the five existing centres in Melbourne, are well placed to provide RPOCT services.

RPOCT are currently used in different settings in various countries and are sufficiently accurate to screen populations known to have high rates of hepatitis C infection. RPOCTs have been found to be cost effective and can result in earlier diagnosis of an infection and therefore potentially limit the progression of disease and the prevention of transmission of hepatitis C to others.

Once piloted and evaluated, a successful model for RPOCT could be scaled up. The anticipated and much needed expansion of NSP services into outer suburban Melbourne, regional cities and towns would lend itself to this testing. Once people were identified as HCV antibody positive then a systematic approach to follow up with contact details collected with consent at the time of screening could be conducted.

Expansion of Hepatitis C testing and identifying more people with HCV will be vital in the efforts to work towards increasing HCV treatment and eventually epidemic control.