FOCUS@GAT: community-based enhanced HIV and HCV screening programs

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BACKGROUND

GAT supports people most at risk of acquiring HIV infection: trans people and men who have sex with men, people who use injectable drugs (PWUID), and sex workers. The FOCUS@GAT project established interventions to improve testing capacity and linkage to care (LTC) through self-led data collection, 1-minute rapid tests, HIV/HCV RNA point-of-care (POC) stations, automated National Health Service (NHS) referral, and enhanced LTC coordination. We aim to describe the impact of RNA stations on HIV/HCV screening program outcomes.

DESCRIPTION

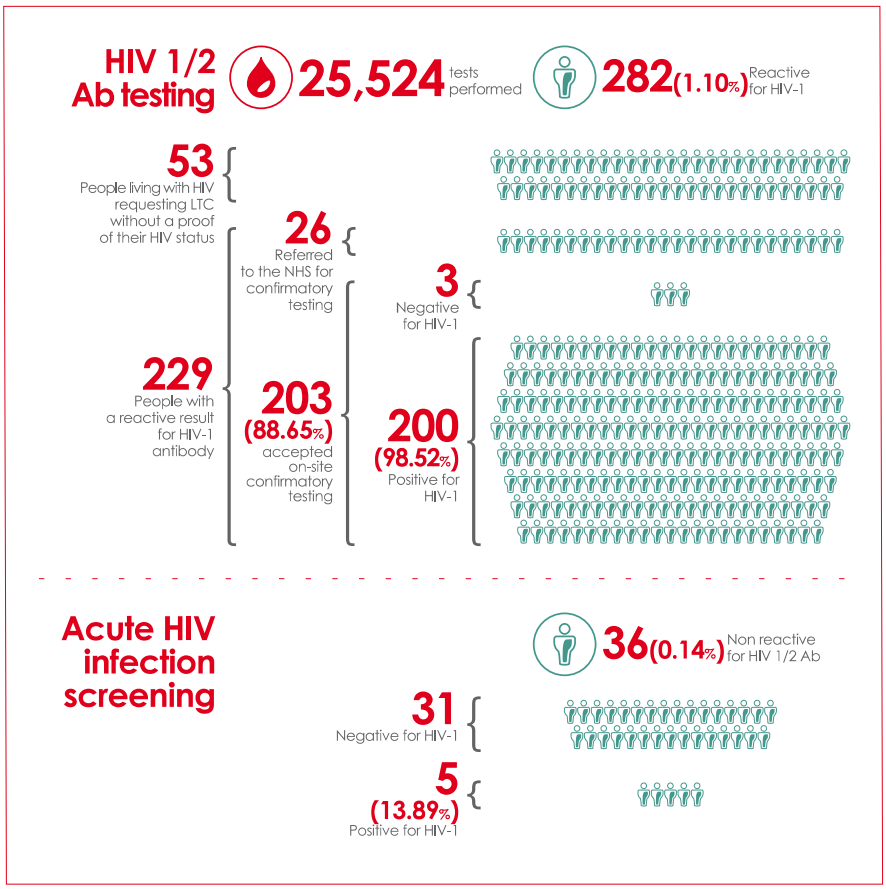
Between August 2019 and May 2021, GAT performed 25,524 HIV and 14,472 HCV rapid tests at four testing centers and two mobile units in the Lisbon Metropolitan Area. In addition, two sites were equipped with HIV/HCV RNA POC stations to confirm reactive tests and screen for acute HIV infections (AHI) and HCV reinfections.

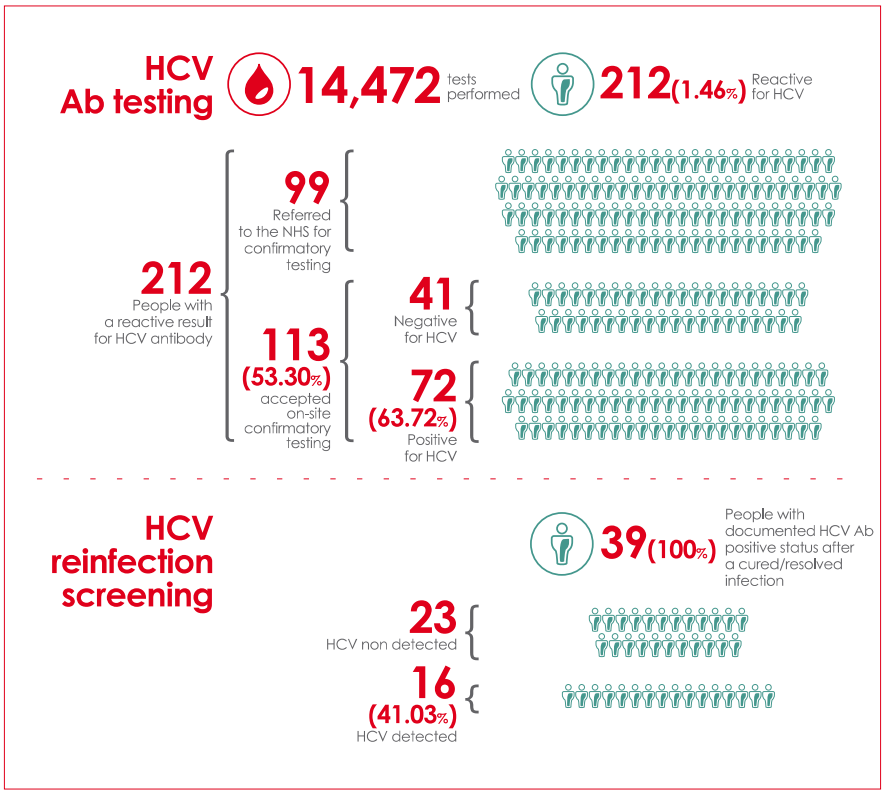
LESSONS

GAT found 282 HIV (1.10%) and 212 HCV (1.46%) reactive antibody tests in this period. Among people with a reactive test and no prior knowledge of the infection, 88.65% (203/229) and 53.30% (113/212) accepted onsite confirmation for HIV and HCV, respectively. The remaining were referred to the NHS. Acceptance of serostatus confirmation at the community level was higher where RNA POC stations were available. Seventy-two (63.72%) people were positive for HCV and 200 (98.52%) for HIV-1. Thirty-six (0.14%) people with nonreactive HIV antibody tests were tested for HIV-RNA to confirm AHI: five (13.89%) were positive HIV-1 positive. Thirty-nine people were tested for HCV reinfection: 16 (41.03%) were positive.
RNA POC stations impact:
.LTC efforts by rapidly differentiating current from resolved HCV infections, avoiding LTC work overload;
.The LTC of people with AHI infection, otherwise undiagnosed with standard testing;
.The disclosure of false-positive rapid test results; and,
.Community-based HCV screening program loss to follow-up of people with HCV antibody positive status after a cured/resolved infection can now be enrolled to screening for reinfection.

CONCLUSIONS

RNA stations added value to appropriate and earlier LTC. However, since acceptance was higher where RNA POC stations were available, we shifted one station to the center aimed at PWUID, where the uptake was the lowest.





ACKNOWLEDGMENTS

HIV POC RNA testing was supported by the Gilead FOCUS Program and by the Regional Health Administration of Lisbon and Tagus Valley (ARSLVT, IP).

PROMOTER PARTNERS FUNDING ENTITIES