METHODS

BACKGROUND

- HIV and hepatitis C virus (HCV) are both transmitted by injection drug use.
- Detoxification centers are underutilized venues for HIV and HCV identification.
- Point-of-care rapid testing (RT) has often been replaced with laboratory-based testing (LBT) to enable identification of acute HIV.
- While identification of acute HIV cases allows for early intervention, there are benefits associated with RT, including immediate test result delivery.

OBJECTIVE

- Compare test result delivery for RT to LBT for HIV and HCV.

METHODS

Study Design:
- Single site, prospective randomized trial

Recruitment:
- 341 participants screened (11/2016-7/2017) at an inpatient drug detoxification center in Boston, MA.

Randomization:
- 1:1 RT (n=99) or LBT (n=101)

Primary outcome
- Participant receipt of test results within 2 weeks.

Secondary outcome
- Real-world case identification and notification for RT and LBT.

RESULTS

- 200 (59%) met inclusion criteria

METHODS

Inclusion Criteria:
1) ≥18 years of age; 2) Admitted to detox with a history of drug use; 3) Contact information for a family member/friend; 4) Medical release form for follow-up; 5) English speaking.

Exclusion Criteria:
HIV and HCV co-infection by self-report.

Procedures:
Collected demographics, HCV and HIV risk behaviors, substance use and mental health history, HIV and HCV serologic testing, and pre- and post-test counseling.

Analysis:
Logistic regression to determine factors associated with test result delivery comparing RT and LBT arms.

Real-world case identification and notification of RT vs. LBT using the following equation:

\[ \text{Diagnosis test sensitivity} \times \text{proportion of test result delivery for each testing modality} \]

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