

PILOT HEPATITIS C VIRUS RAPID TESTING PROJECT AMONG MEN WHO HAVE SEX WITH MEN (MSM), CHECKLIST PROJECT, LISBON, PORTUGAL

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BACKGROUND

Although HCV is prevalent in people who inject drugs, outbreaks also in MSM with or without human immunodeficiency virus (HIV) infection have been reported, being sexual practices the only risk factor for transmission [I].

For this reason sexual practices such as group sex or fisting should also be included as criteria for screening [II].

OBJECTIVE

A pilot study was conducted to determine the effectiveness of integrating HCV targeted screening in MSM HIV community-based anonymous counselling testing (CBACT) sessions.

This pilot study was engaged by Checklist project, an STI screening service in CheckpointLX (CBACT center in Lisbon).

METHODS

During pre test counselling for HIV screening a list of criteria for HCV rapid testing was presented. MSM could report eligibility for testing with or without specifying the behaviour.

HCV rapid test was performed if at least one of the following criteria [III] had ever occurred:

- Sharing drug preparation or injecting equipment;
- Sharing drug-snorting paraphernalia;
- Unprotected anal group sex or group sex without using new condoms between partners;
- Insertive or receptive fisting;
- Having had sex with presence of blood.

Men with reactive results were referred (express link) to the Checklist MSM medical team to provide link to the National Health Service to confirm the results.

RESULTS (SEP 2012 to JUN 2013)

1509 HIV rapid tests on MSM or MSM/W	258 MSM or MSM/W did HCV rapid tests	5 HCV reactive (≈2%) 4 MSM / 1 MSM/W 2 HIV+ / 3 HIV-
CRITERIA FREQUENCY		
5/5 Had condomless anal sex 3/5 Had condomless group anal sex 3/5 Shared drug-snorting paraphernalia 1/5 Did not want to disclosure which criteria were met		

No data available about HCV confirmatory tests or linkage to care.

CONCLUSIONS

Anonymity, adding high risk sexual practices to HCV screening criteria and MSM criteria report without disclosure of the practice were enabling strategies for MSM adherence to HCV screening.

These strategies could be considered as good practice for targeted HCV screenings to both HIV negative and positive MSM.

A peer-led HIV CBACT center seems to be an opportunistic setting for MSM targeted HCV screenings and effective.

REFERENCES

- I. European Centre for Disease Prevention and Control. Surveillance and prevention of hepatitis B and C in Europe. Stockholm: ECDC; 2010.
- II. The EMIS Network. EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Stockholm: ECDC, 2013.
- III. World Health Organization. Guidelines for the screening, care and treatment of persons with hepatitis C infection. France: WHO, 2014.

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