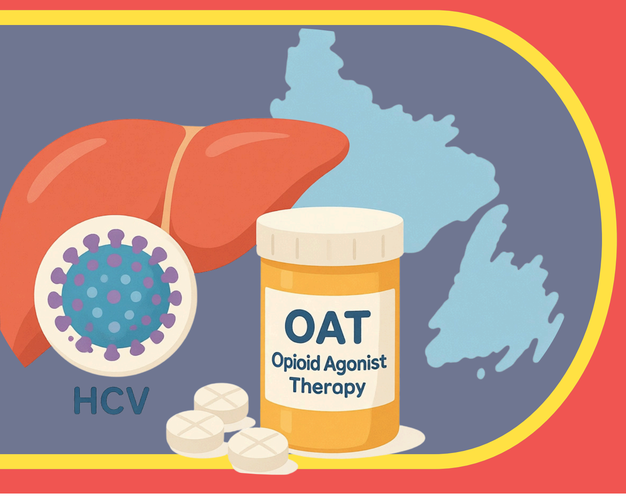


Starting Opioid Agonist Therapy (OAT), Missing the Test: Opportunities to Improve Hepatitis C Screening in Newfoundland and Labrador, Canada

C. Balsom, D. Kelly, H. Nguyen, S. Bugden

Memorial University of Newfoundland and Labrador, Canada

INTRODUCTION

Starting opioid agonist treatment (OAT) provides a clear opportunity to offer hepatitis C virus (HCV) testing to a population disproportionately affected by infection.

Canadian guidelines recommend HCV testing on entry to OAT programs and annual testing for individuals with ongoing risk of HCV acquisition or reinfection.

OAT prescribers, patients, and pharmacists frequently interact in daily dispensing, creating repeated opportunities for testing.

OBJECTIVE: To determine the proportion of patients receiving HCV antibody testing after OAT initiation and the timing of the first test within 1, 3, and 12 months of initiation.

METHODS

OAT dispensing data (provincial)

Study period: July/17 - Dec. /25

HCV laboratory test data (provincial)

First OAT dispense Jan 1/18 - Dec 31/24

Inclusion:

- ≥ 6 months without OAT prior to entry
- ≥1 year of follow up

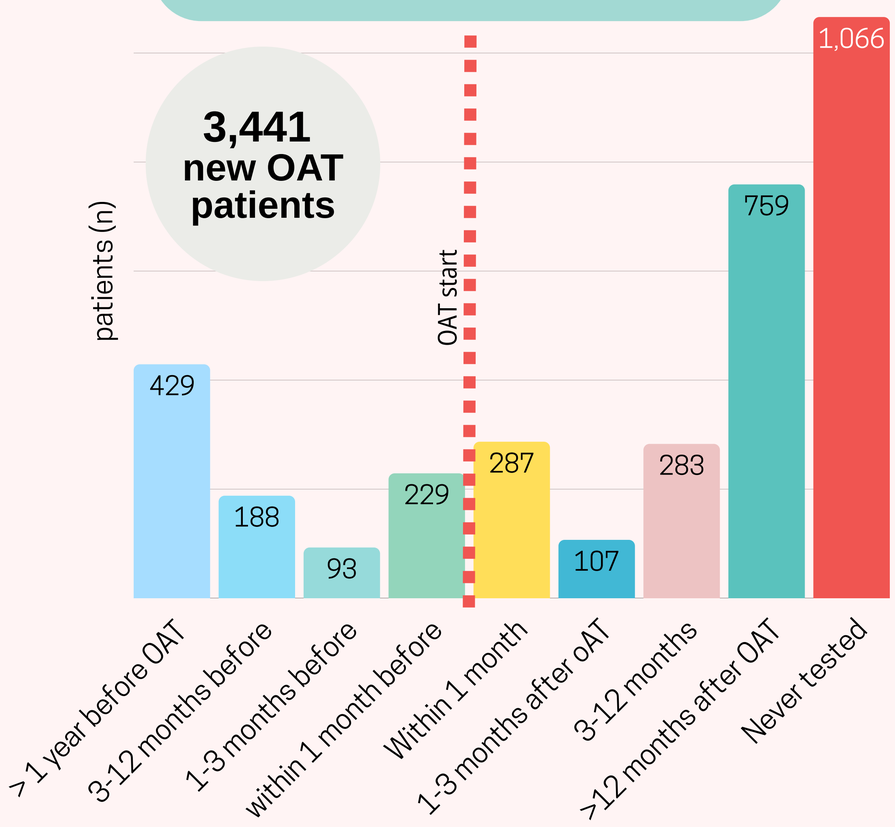
Calculated:

- time to first HCV Antibody test on or after OAT initiation

- HCVAb tested before OAT
- Within 1 month after OAT
- Within 3 months after OAT
- Within 1 year after OAT
- > 12 months after OAT
- Never tested

RESULTS

Timing of first HCV antibody test after OAT initiation



3,441
New OAT patients

1,931 (56.1%)
received HCVAb test after OAT initation

1,510 (43.9 %)
No test after OAT

1,066 (31.0%)
No test recorded

only 32.5%
received HCV Ab testing within 1 year

Among 1,931 tested after starting OAT:

Median time to testing:
245 days (IQR 27-795)

814 (42.4%)
tested > 1 year after starting OAT

LIMITATIONS

- First observed OAT and antibody dates only; earlier episodes may predate the data window
- Only first antibody test analyzed; later retesting not captured
- Point-of-care and out-of-province testing, and non-dispensed treatment, not captured
- SVR not yet linked; findings descriptive

CONCLUSION



43.9% of OAT patients did not receive HCVAb testing despite regular contact with health professionals, indicating missed opportunities for screening and testing.

Embedding routine HCV testing within OAT initiation and dispensing pathways, including pharmacist- and prescriber-led approaches, may improve testing uptake and support progress toward HCV elimination goals.

REFERENCES: Public Health Agency of Canada. Hepatitis C in Canada: 2017 to 2024. Ottawa, ON; PHAC; 2025. | Shah H, Bilodeau M, Burak KW, Cooper C, Klein MB, Ramji A, et al. The management of chronic hepatitis C: 2018 guideline update from the Canadian Association for the Study of the Liver. CMAJ. 2018;190(22):E677-E687. doi:10.1503/cmaj.170453. | World Health Organization. Global Hepatitis Report 2024. Geneva; WHO; 2024.| Shah H, Bilodeau M, Burak KW, Cooper C, Klein MB, Ramji A, et al. The management of chronic hepatitis C: 2018 guideline update from the Canadian Association for the Study of the Liver. Can J Gastroenterol Hepatol. 2018;2018:1-40. doi:10.1155/2018/4301054. | British Columbia Ministry of Health. Viral hepatitis testing. Vancouver, BC: Province of British Columbia; 2021. BC Guidelines: Viral Hepatitis Testing

MEMORIAL UNIVERSITY
SCHOOL OF PHARMACY