



COBATEST
NETWORK

INDEPENDENT OF INJECTING DRUG USE, BEING A FOREIGN NATIONAL IS ASSOCIATED WITH RISK OF REACTIVE HCV SCREENING IN EUROPEAN COMMUNITY-BASED TESTING SERVICES 2017

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INTRODUCTION: Background

HepHIV 2019
28-30 JANUARY · BUCHAREST

- HIV testing in CBVCTs proven to:
 - be cost effective (Perelman et al 2016)
 - have high user satisfaction (Préau et al 2016)
 - identify patients at an earlier stage of HIV infection than testing in clinical settings (Freeman-Romilly et al 2017)
- HCV epidemic in Europe concentrated in PWID (ECDC)
- On-site testing with pre-test counselling and education in health settings were identified as an intervention to enhance HCV testing among PWID (Bajis 2017)
- CBVCTs are increasingly offering HCV screening - are they reaching populations at higher risk of HCV?



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INTRODUCTION: COBATEST Network

The COBATEST Network collects high quality, standardised testing data from community-based voluntary counselling and testing (CBVCTs) services in Europe

Members can use a free, online data collection tool to monitor and evaluate testing activity

A collaboration between CEEISCAT and AIDS Action Europe, receiving funding through from the Health Programme for the European Union

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OBJECTIVES

Understand who is getting screened for HCV in CBVCTs and which sociodemographic variables are associated with a reactive result

- Describe which centres are performing CBVCT testing in the COBATEST Network
- Describe who got tested for HCV in CBVCTs in 2017 by sociodemographic variables
- Identify risk factors in having a reactive screening test in a CBVCT



METHODS: Design

Data collected using COBATEST data collection tools

14 CBVCT services in 7 countries

Study period 1 January 2014– 31 December 2017

Questionnaire completed by counsellor in consultation



METHODS: Analysis

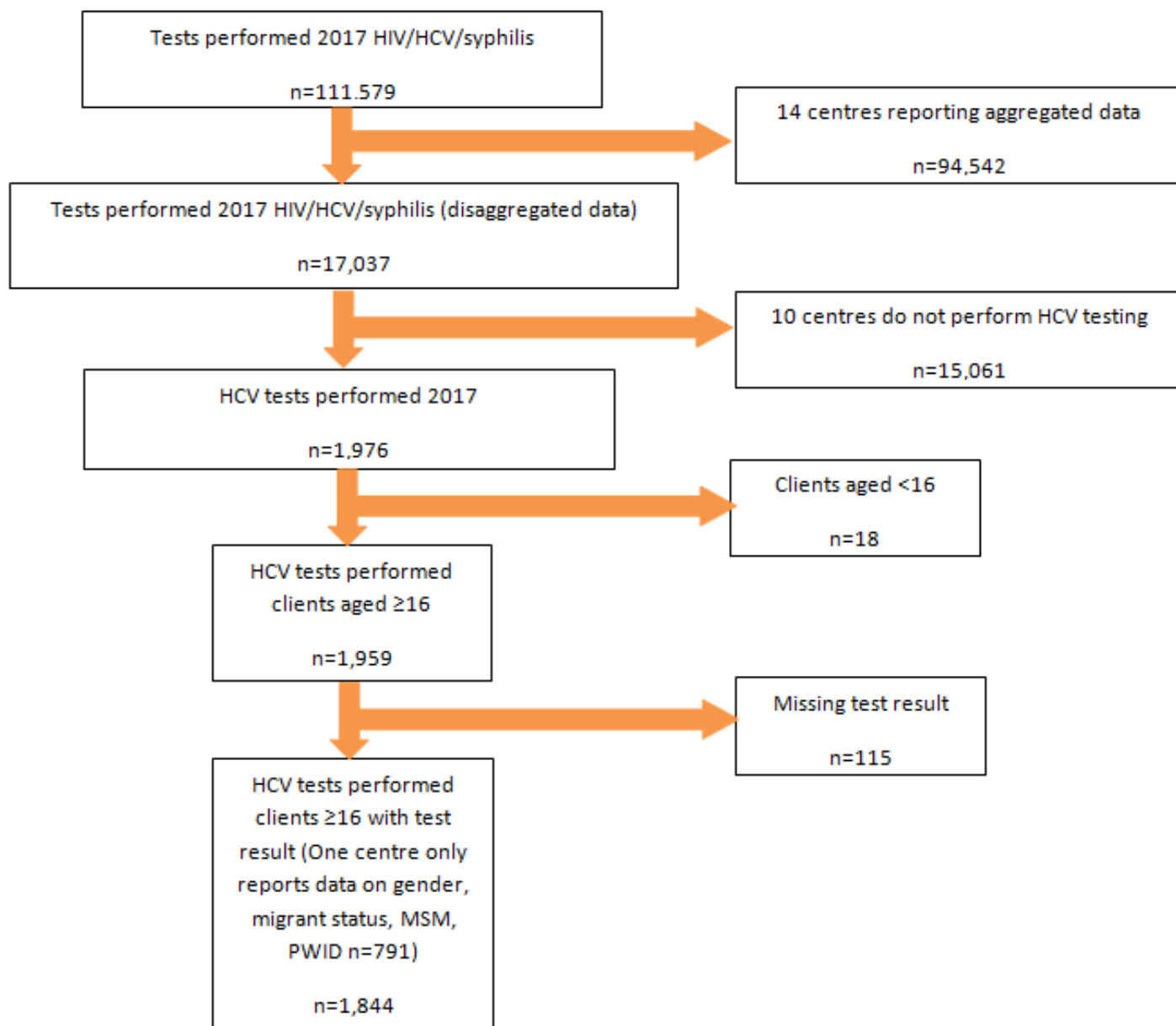
Study population described, proportion of reactive tests calculated for each sociodemographic variable differences in distribution of demographic characteristics assessed using Pearson's χ^2 test

Risk factors for a reactive test result using univariate and multivariate logistic regression with 95% CIs and p values



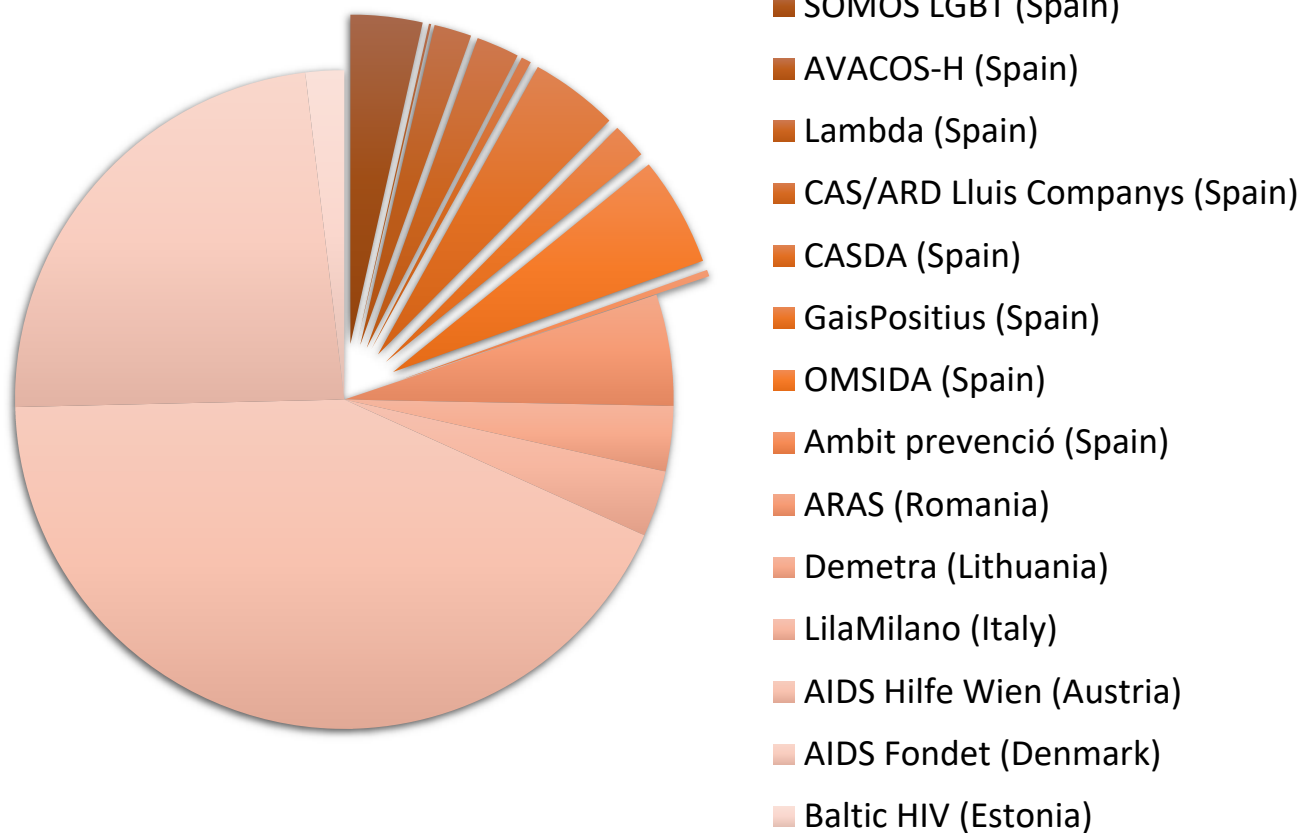
RESULTS

Flowchart of exclusion criteria



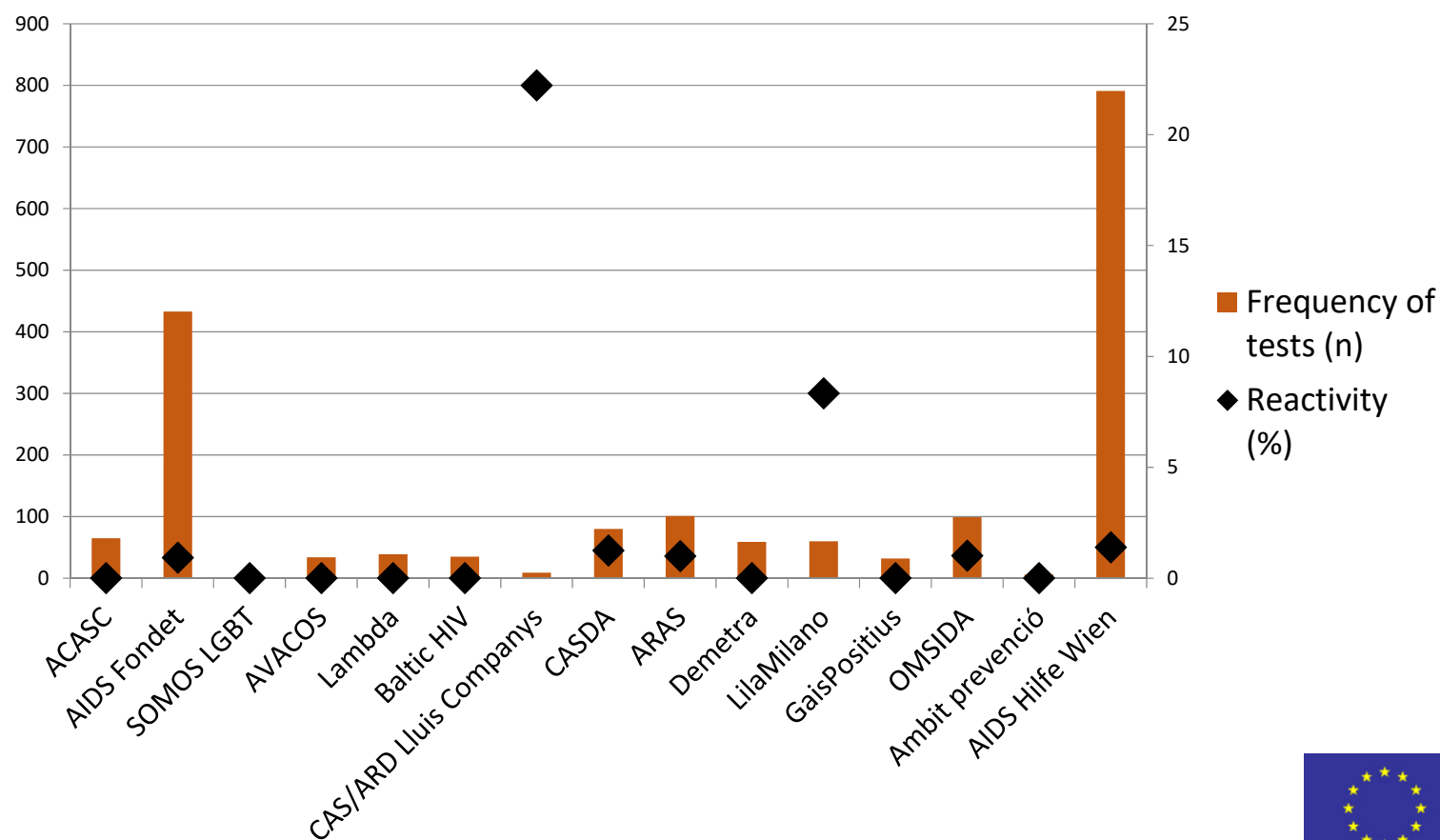
RESULTS

Proportion of HCV tests from each site 2017



RESULTS

Frequency of testing and proportion of reactive tests in each centre - COBATEST Network 2017



RESULTS

HCV tests performed and reactive tests by sociodemographic variables - COBATEST Network 2017

		Total	Reactive Tests	
		N	n	%
Gender Missing = 0.2%	Male	1451	19	1.3
	Female	382	6	1.6
	Trans	8	0	0
Age group Missing=0.3%**	<25	222	3	1.4
	>=25	826	11	1.3
Foreign national* Missing=2.2%	Yes	549	13	2.4
	No	1254	12	1
MSM	Yes	997	9	0.9
	No	847	16	1.9
HIV+ MSM	Yes	17	1	5.9
	No	1827	24	1.3
Sex worker Missing=3.4%**	Yes	57	1	1.8
	No	820	24	1.3
	Don't know	113	1	0.9
Intravenous drug use* Missing=2.9%	Yes	22	7	31.8
	No	1705	18	1.1
	Don't know	63	0	0

*Significant difference between categories - Pearson's χ^2 test (p value <0.05)

**Not including one centre with no data (n=791)



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RESULTS

HCV tests performed and reactive tests by sociodemographic variables
COBATEST Network 2017

		Total		Reactive Tests	
		N	n	%	
HIV+ Missing=2.2%**	Yes	18	1	5.6	
	No	601	11	1.8	
	Don't know	13	0	0	
Previous syphilis Missing=1.4%**	Yes	67	2	3	
	No	707	6	0.8	
	Don't know	15	0	0	
STI dx 12 months prior to visit Missing=4.5%**	Yes	88	2	2.3	
	No	861	12	1.4	
	Don't know	20	0	0	
Unprotected sex with SW Missing=7.0%**	Yes	43	0	0	
	No	822	13	1.6	
	Don't know	58	0	0	
Unprotected sex with IDU* Missing=7.2%**	Yes	19	3	15.8	
	No	805	9	1.1	
	Don't know	96	0	0	
Unprotected sex with HIV+ partner Missing=6.9%**	Yes	59	2	3.4	
	No	701	8	1.1	
	Don't know	167	3	1.8	

*Significant difference between categories - Pearson's χ^2 test (p value <0.05)

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RESULTS

Risk Factors for a Reactive HCV Test COBATEST Network 2017

		cOR (95% CI)	p value	aOR* (95% CI)	p value
Gender	Men	1		1	
	Women	1.2(0.5;3)	0.696	1.2(0.4;3.2)	0.724
Age group**	<25	1			
	>=25	1.2(0.5;3)	0.696		
Foreign National	No	1		1	
	Yes	2.5(1.1;5.5)	0.023	2.6(1.1;6.0)	0.022
MSM	No	1			
	Yes	0.5(0.2;1.1)	0.074		
MSM HIV+	No	1			
	Yes	4.7(0.6;36.8)	0.141		
Sex worker**	No	1			
	Yes	1.2(0.2;9.4)	0.861		
	Don't know	0.6(0.1;4.7)	0.627		
Intravenous Drug User	No	1		1	
	Yes	43.7(15.9;120.1)	<0.001	40.1(14.3;112.9)	<0.001
HIV+**	No	1			
	Yes	3.2(0.4;25.8)	0.284		

*Logistic regression model adjusted for gender, foreign national and intravenous drug use

**Not including one centre with no data (n=791)

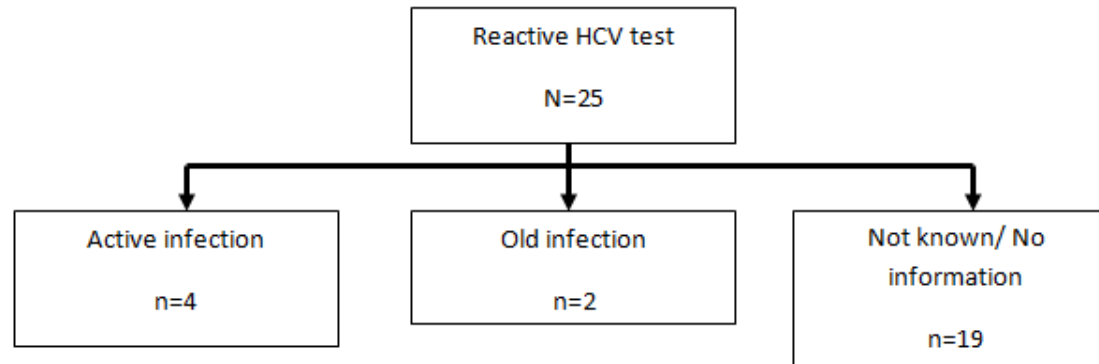


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LIMITATIONS

Selection bias – how do different sites select clients for testing?

Missing data on RNA tests (& linkage to care?)



Short period of study, few reactive tests in each group at higher risk of hepatitis C

One site with no data on age, sex workers resulted in logistic regression model which does not control for these variables



CONCLUSIONS

Relatively few PWIDs tested in CBVCTs but high proportion of reactive tests

Migrants accessing CBVCT services in Europe are at increased risk of HCV compared to non-migrants, independent of intravenous drug use > should be further investigated

CBVCT services are well-placed to increase HCV screening amongst people who are not accessing mainstream healthcare

Better data on RNA tests would provide evidence of whether CBVCTs are diagnosing people with an active HepC infection

Analysis with larger dataset needed HCV screening in COBATEST Network 2014-17 > opportunity to look at HIV+ MSM



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