

TWO RANDOMIZED CONTROLLED TRIALS TO MEASURE THE IMPACT OF HCV SELF-TESTING IN KEY POPULATIONS IN GEORGIA AND MALAYSIA

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Background: Self-testing for HIV has been used effectively to reach key populations. Currently, there is no data on the real-world impact of HCVST. In these two studies, we aim to evaluate the impact of HCVST models in Georgia and Malaysia for key populations recruited via online platforms.

Methods: Georgia is a 5-arm study, with intervention (HCVST) and control arms (facility testing) for 1,250 participants (PWID and MSM) recruited online. Participants were randomized to courier delivery of HCVST, peer-delivery of HCVST, or facility testing (control). Malaysia is a 2-arm study for 750 key populations recruited online. Participants were randomized to HCVST (courier delivery) or facility testing (control). Participants in both settings entered their test results into an online platform and completed knowledge and attitude (KAP) and follow-up surveys on risk behaviours. We present preliminary results on the uptake of HCVST compared to control in both settings.

Results: In Georgia, 361 participants enrolled, 351 completed baseline assessments, median age was 27 (18-67) years, 93.4% (328) male, 47.9% (168) MSM, 52.1% (183) PWID, 34.5% (121) never tested for HCV. 55.6% (104) and 44.4% (83) completed follow up surveys in HCVST and control groups respectively. Higher uptake of testing was observed in HCVST groups (44/50, 88.0%) compared to controls (14/28, 50.6%) ($p < 0.001$). In Malaysia, 349 participants enrolled with a median age of 26 (22-30) years, 96.8% male, 87.7% MSM, 7.5% use illicit drugs and 58.6% never tested for HCV. 195 (84.1%) and 68 (58.2%) completed follow up surveys in HCVST and control groups respectively. Significantly more participants reported testing uptake in the HCVST group (191/195, 97.9%) compared to control (32/68, 47.1%) ($p < 0.001$).

Conclusion: Our preliminary results show that HCVST testing had a significant impact on increasing the uptake of HCV testing compared to facility-based testing in key populations recruited through online platforms.

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