

# THE IMPLEMENTATION OF A PHARMACIST-LED TESTING SERVICE FOR HIV AND HEPATITIS C IN RURAL NL CORRECTIONAL FACILITIES: A PILOT STUDY

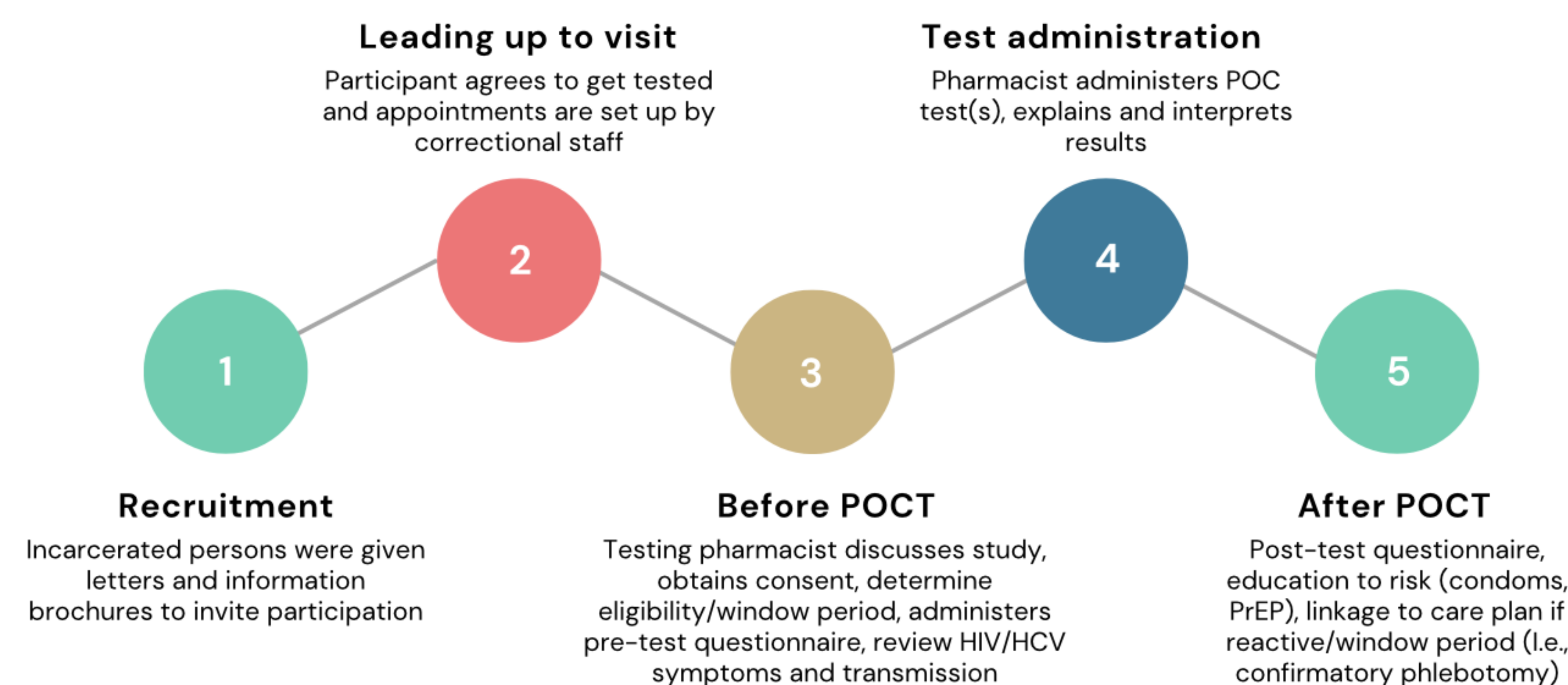
Michael Coombs, PharmD, ACPR; Deborah Kelly, BSc(Pharm), ACPR, PharmD, FCSHP, AAHIVP  
Memorial University of Newfoundland, School of Pharmacy

## BACKGROUND AND AIMS

- Rates of **HIV** and **HCV** infection are higher among **people who are incarcerated**<sup>1,2</sup> however testing in corrections is lacking.
- Point-of-care testing (**POCT**) is a novel testing approach with advantages relative to traditional venipuncture but must be accepted by those involved in the testing process.<sup>3</sup>
- Pharmacists are equipped to carry out POCT in various community, inpatient, and ambulatory practice settings.
- To date, no **pharmacist-led testing service** has been piloted in correctional facilities.
- This study aims to assess the **feasibility** and **acceptability** of a pharmacist-led service in rural NL correctional facilities.

## METHODS

- Between January 16 and February 15, 2024, the research team visited the **West Coast Correctional Centre, Bishop's Falls Correctional Centre, and Newfoundland and Labrador Correctional Centre for Women** to offer POCT



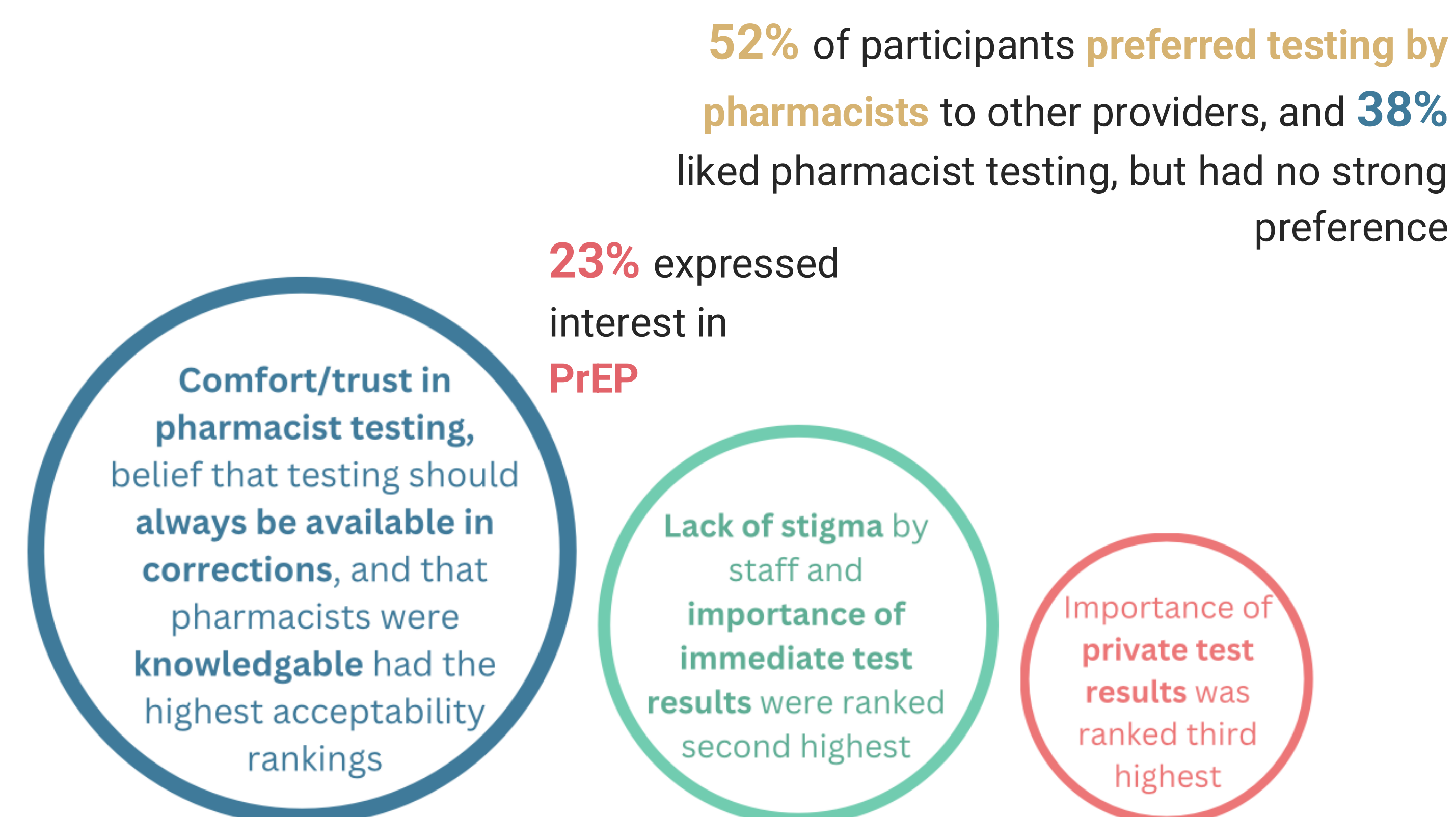
- **Worklog forms** collected testing information, including number of tests administered and screening test results
- **Pre-test** and **post-test surveys** collected demographics, risk behavior characteristics, preferences, and experiences.
- For participants with reactive test results, **health card numbers** were used to access linkage to care data including new diagnoses
- Descriptive statistics were used to describe demographics and risk behaviors and to analyze post-test survey responses

## RESULTS

### PARTICIPANT DEMOGRAPHICS AND RISK BEHAVIOURS

- The mean participant age was **37 years** (23– 63 yrs)
- **Curiosity about status** was the primary reason for testing
- The majority (**42%**) had less than grade 12 education
- **49%** had no access to a primary healthcare provider
- **70%** had no/no known prior HIV testing and **60%** had no/no known prior HCV testing
- **82%** reported >1 sex partner in the last year with a variety of sexual activities
- **>80%** reported history of injection or inhalation substance use

### PARTICIPANT DEMOGRAPHICS AND RISK BEHAVIOURS



## DISCUSSION AND CONCLUSIONS

- POCT in corrections is **feasible** and **acceptable** with potential to detect new infections.
- Participants noted several **advantages to POCT** as compared to conventional phlebotomy, which is consistent with the literature.
- Participants were **satisfied with pharmacists** as the individuals providing testing, which no prior studies have assessed.
- **Ease in administration** and **high testing uptake** suggest that POCT may be a solution to reaching an under-tested population.

### TESTS PERFORMED

**n = 75 participants** (79% average)  
**73 HIV tests administered**  
→ **0 reactive HIV POC tests**  
**57 HCV tests administered**  
→ **6 reactive HCV POC tests**

### NEW DIAGNOSES AND LINKAGE TO CARE

**10 CONFIRMATORY HCV TESTS ORDERED**

(6 REACTIVE POC TESTS + 4 WINDOW PERIOD)

**4 NEW HCV CASES**



**10/10** participants indicated for confirmatory testing **received testing** and had a **follow-up appointment** with a nurse practitioner



Average **26 days** from reactive POCT result to follow-up appointment

## ACKNOWLEDGEMENTS

The APPROACH 2.0 study is supported by the Canadian Institutes of Health Research (CIHR) through an HIV/AIDS Biomedical and Clinical Research Team Grant, Funder Award Number HBR-422155 Newfoundland and Labrador Health Services Correctional Health Services travel and staff support (Crystal Northcott, Darryl Burke)

## REFERENCES

1. =Inside and Out: Changing the course of the HIV Prevention, Engagement, and Care Cascade for Current and Former Prisoners [Internet]. Backgrounder, [cited 2023 Aug 23].
2. Kronfli N, Buxton JA, Jennings L, Kouyoumdjian F, Wong A. Hepatitis C virus (HCV) care in Canadian Correctional Facilities: Where are we and where do we need to be? Canadian Liver Journal. 2019;2(4):171–83. doi:10.3138/canlivj.2019-0007
3. Lafferty L, Cochrane A, Sheehan Y, Treloar C, Grebely J, Lloyd AR. "That was quick, simple, and easy": Patient perceptions of acceptability of point-of-care hepatitis C RNA testing at a reception prison. International Journal of Drug Policy. 2022;99:103456. doi:10.1016/j.drugpo.2021.103456