



# HIV, Hep C Testing at Detox Centers Needs Strong Linkage-to-Care Effort

A recent study in Boston found that only 6% of people at detox centers who tested positive for either virus received follow-up medical care.

September 14, 2020 By [Benjamin Ryan](#)

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Rapid—compared with laboratory-based—testing for HIV and hepatitis C virus (HCV) is a much better means of testing for both viruses at detox centers because more individuals who get tested actually receive their results. But detox centers may need to make a proactive effort to assist those who test positive for either virus at such sites in linking to ongoing medical care.

These are the findings of a new study conducted at a Boston detox center that was published in *The Journal of Infectious Diseases*.

The randomized trial compared using rapid HIV and HCV testing, which provides results at the same appointment, with laboratory-based testing, which takes a number of days to provide results.

Two hundred people attending the detox center were included in the study; of these, 58% had injected drugs, and 31% had shared needles during the previous six months.

Ninety-eight of the participants received rapid testing for HIV and HCV, and 102 received lab-based testing.

A total of 0.5% of the participants tested positive for HIV, and 48% had HCV.

Ninety-six percent of the participants in the rapid testing group received their test results, compared with just 42% of those in the lab-based testing group.

Only 6% of those who tested positive for HIV or HCV were successfully linked to care for either virus within four months of their diagnosis.

“Successfully identifying and linking patients to care at drug detoxification centers during the opioid epidemic could help decrease transmission and improve outcomes for these two infections,” the study’s lead author, Sabrina Assoumou, MD, MPH, an infectious diseases physician at Boston Medical Center, said in a press release.

“We hope that these findings will encourage changes in local and national HIV and HCV testing practices and policy at nonhospital-based settings caring for populations at risk during the opioid epidemic,” Assoumou continued.

To read a press release about the study, [click here](#).

To read the study abstract, [click here](#).

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