

## **Towards Hep C elimination: feasibility and success of a nurse- and harm reduction practitioner-led model of care for Hepatitis C at a medically supervised injecting room in Melbourne, Australia.**

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**Background and Aims:** Evidence suggests new models of care are required to achieve hepatitis C (HCV) elimination targets. In this study we explored whether rapid point of care (POC) testing and on-site treatment initiation could improve testing and treatment uptake among clients of the Melbourne Medically Supervised Injecting Room (MSIR).

**Methods:** We offered MSIR clients either hepatologist (first 3 months) or nurse- and harm reduction practitioner-led (subsequent 9 months) HCV RNA POC testing (Xpert®) and fibrosis assessment between Nov 2020 - Nov 21. RNA positive clients were offered DAA treatment, which was prescribed immediately on return of HCV RNA result and couriered directly to the MSIR for client pick-up. Our primary outcomes were numbers of 1) clients tested for HCV, 2) HCV RNA positive clients commenced on treatment, and 3) POC tests during the intervention period, compared to total standard venepuncture tests at MSIR between Nov 2018 - Nov 2019.

**Results:** 573 clients (median age = 42 [IQR 37-49], 75% male) were tested using POC; 161 (28%) were HCV RNA positive. Cirrhosis was rare (6% HCV RNA positive, 5% overall). Among HCV RNA positive clients, an estimated 87% (n=140/161) initiated DAA treatment; 13 clients (9%) initiated treatment on the same day as diagnosis. The HCV testing rate was 218% (573/180) greater using POC compared to standard venepuncture in 2018-2019.

**Discussion:** Our model of HCV care increased testing and was associated with high rates of treatment initiation. Our model is highly feasible, and should be tested at other community health and AOD services.

**Implications for practice:** Nurse- and harm reduction practitioner-led models of HCV care may provide a mechanism to scale up testing and treatment to help achieve HCV elimination goals.

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