

Prevalence of hepatitis C infection among people receiving point-of-care testing at community services in Australia

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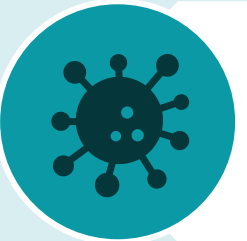
Disclosures

- AS has nothing to declare.

Background



Substantial progress in reducing hepatitis C prevalence among people who attend NSPs (1)

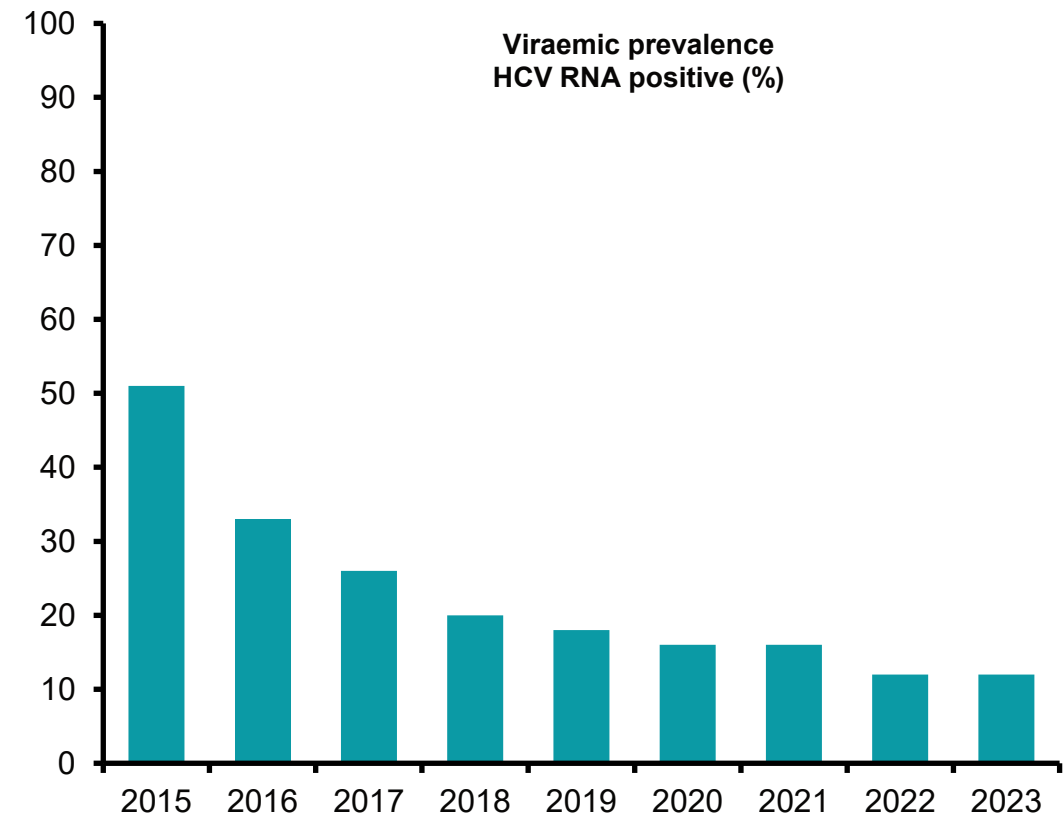


Still 68,890 people estimated to be living with hepatitis C in 2023 (2)



Understanding HCV prevalence among different populations and settings is critical to achieve HCV elimination by 2030

Annual Needle Syringe Program Survey
(n = 1,300-2,500)



Aims

Among people receiving point-of-care testing in the Australian HCV Point-of-care Testing Program between 2022-2024:

1

Evaluate the prevalence of HCV antibody and current HCV infection

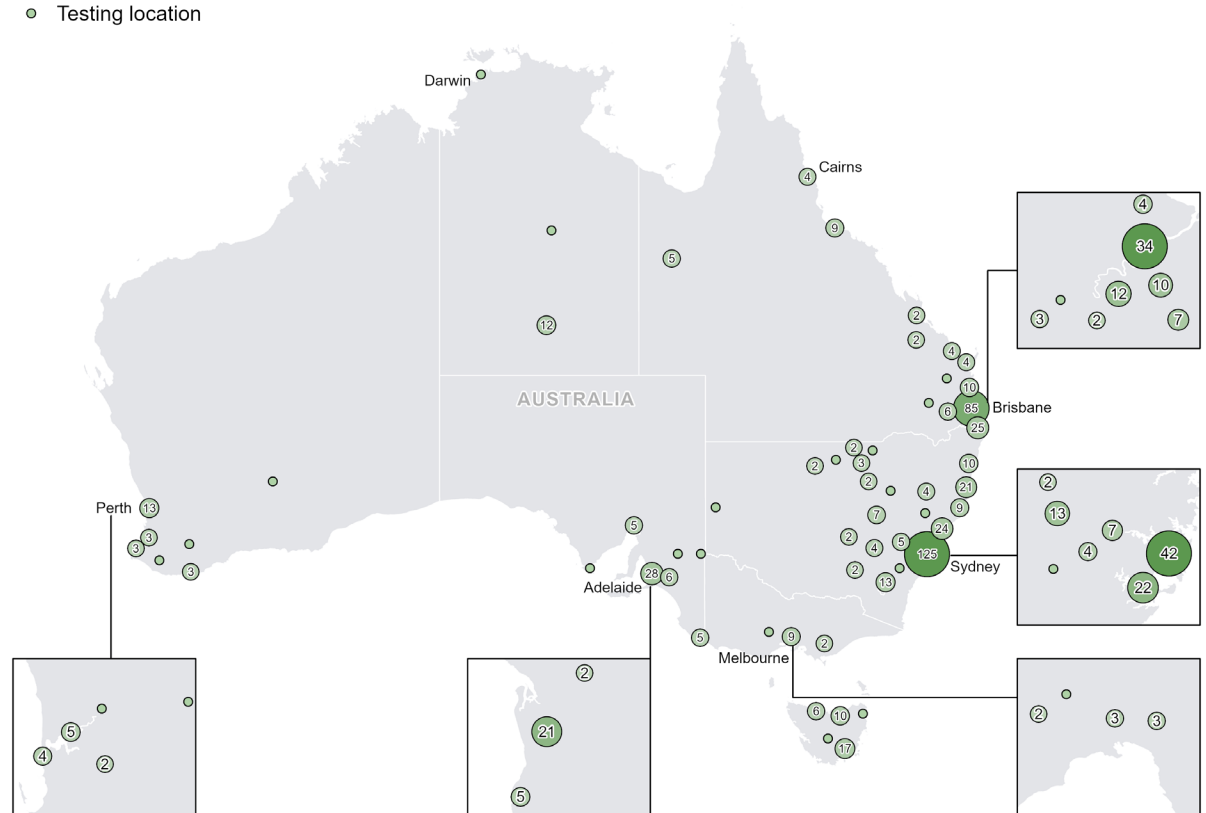
2

Analyse factors associated with HCV antibody and current HCV infection

Analysis by different community settings and sub-populations

Study design and participants

- Australian HCV Point-of-Care Testing Program is an observational study
- Participants recruited from all states and territories across Australia
- 114 participating sites at 510 testing locations (as of 31 July 2025)
 - 47,210 tests completed
- Inclusion criteria
 - ≥ 18 years of age
 - At risk of HCV or attending a service providing care for people at risk of HCV



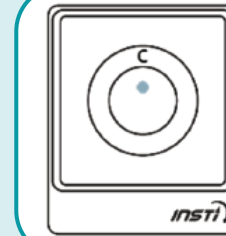
Drug treatment clinics, NSPs, prisons, mental health, mobile outreach models, homelessness services, Aboriginal Community Controlled Health Organisations

Procedures

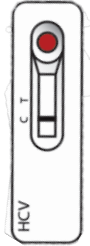
Testing is now based on self-reported HCV status:

No prior HCV exposure

Point-of-care HCV antibody test with reflex HCV RNA testing in those who are HCV antibody positive

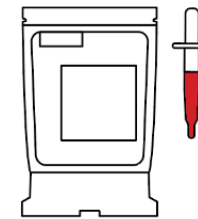


- INSTI HCV (bioLytical, 1 min)
- HCV Bioline (Abbott, 5 min)



Prior HCV exposure

Immediate point-of-care HCV RNA testing



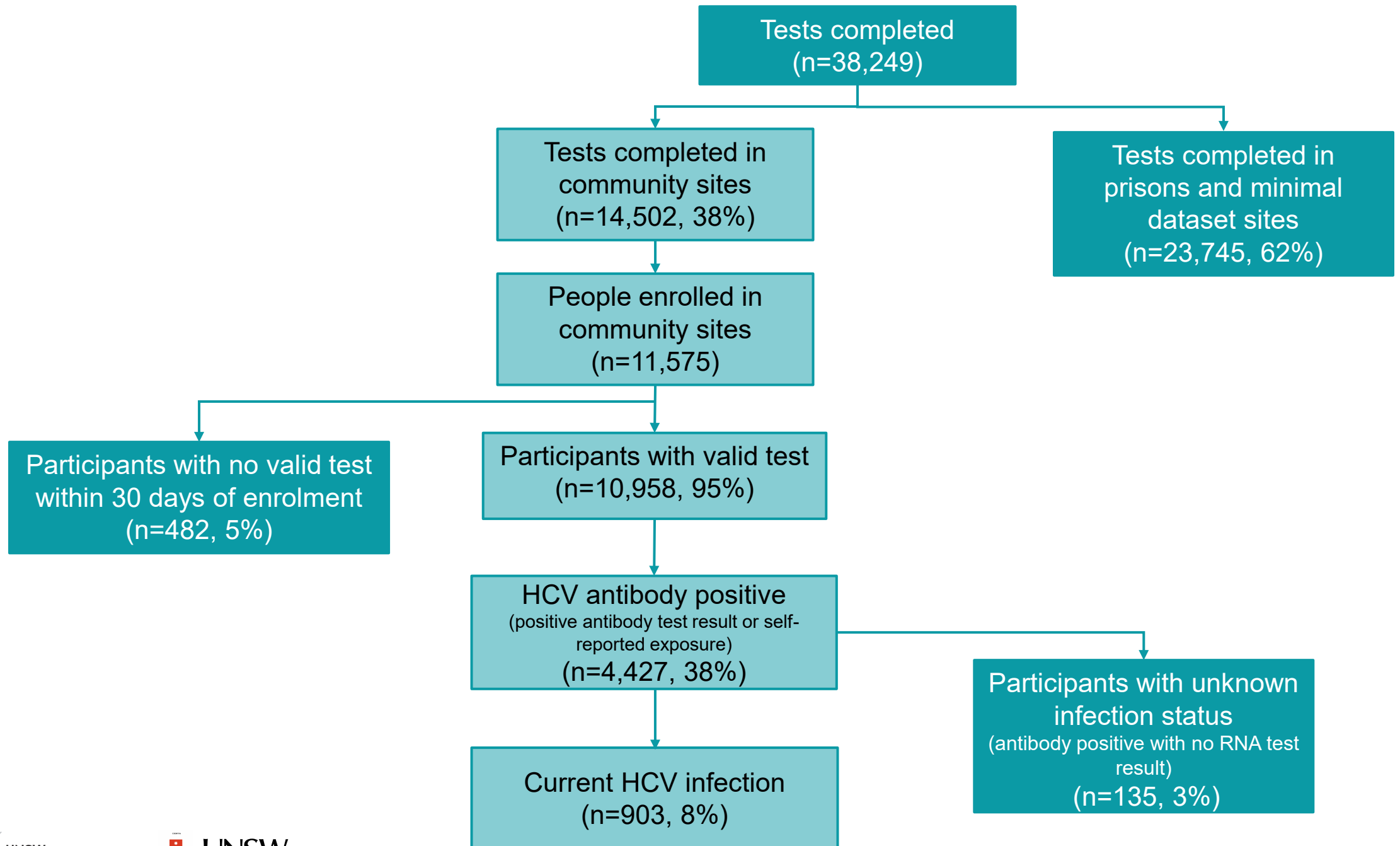
- Xpert HCV Viral Load Fingerstick (GeneXpert II or IV platforms, Cepheid, 60 min)

People with current HCV infection are also offered:

- Point-of-care HIV testing (Alere™ HIV Combo, 20 minutes)
- Point-of-care hepatitis B surface antigen testing (Alere Determine 2™ HBsAg, 15 minutes)

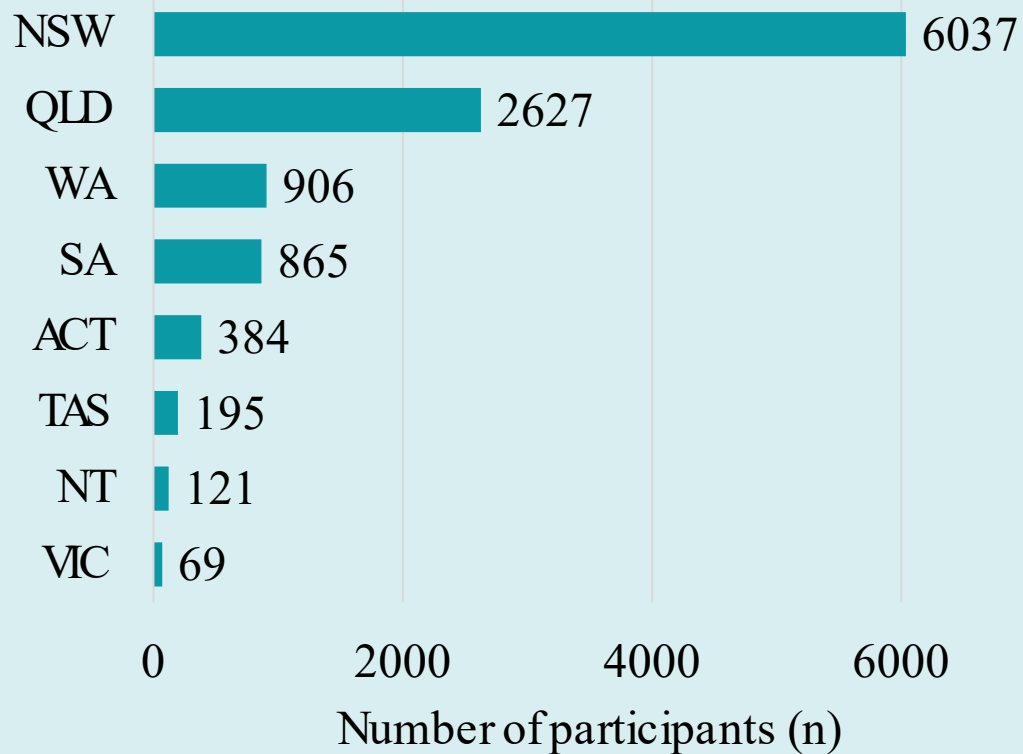
Statistical Analysis

- Participants enrolled in community settings between 1 January 2022 and 31 December 2024
- Baseline characteristics were tabulated and stratified by community site type
- Antibody prevalence was estimated based on positive HCV antibody test, detectable HCV RNA test, or self-reported history of HCV infection
- Logistic regression analysis was used to evaluate patient factors and setting types associated with current HCV infection and HCV antibody prevalence
- Patient factors hypothesised to be associated with antibody prevalence and current infection:
 - Age
 - gender
 - Aboriginal or Torres Strait Islander background
 - history of injecting drugs
 - history of incarceration
 - history of opioid agonist therapy



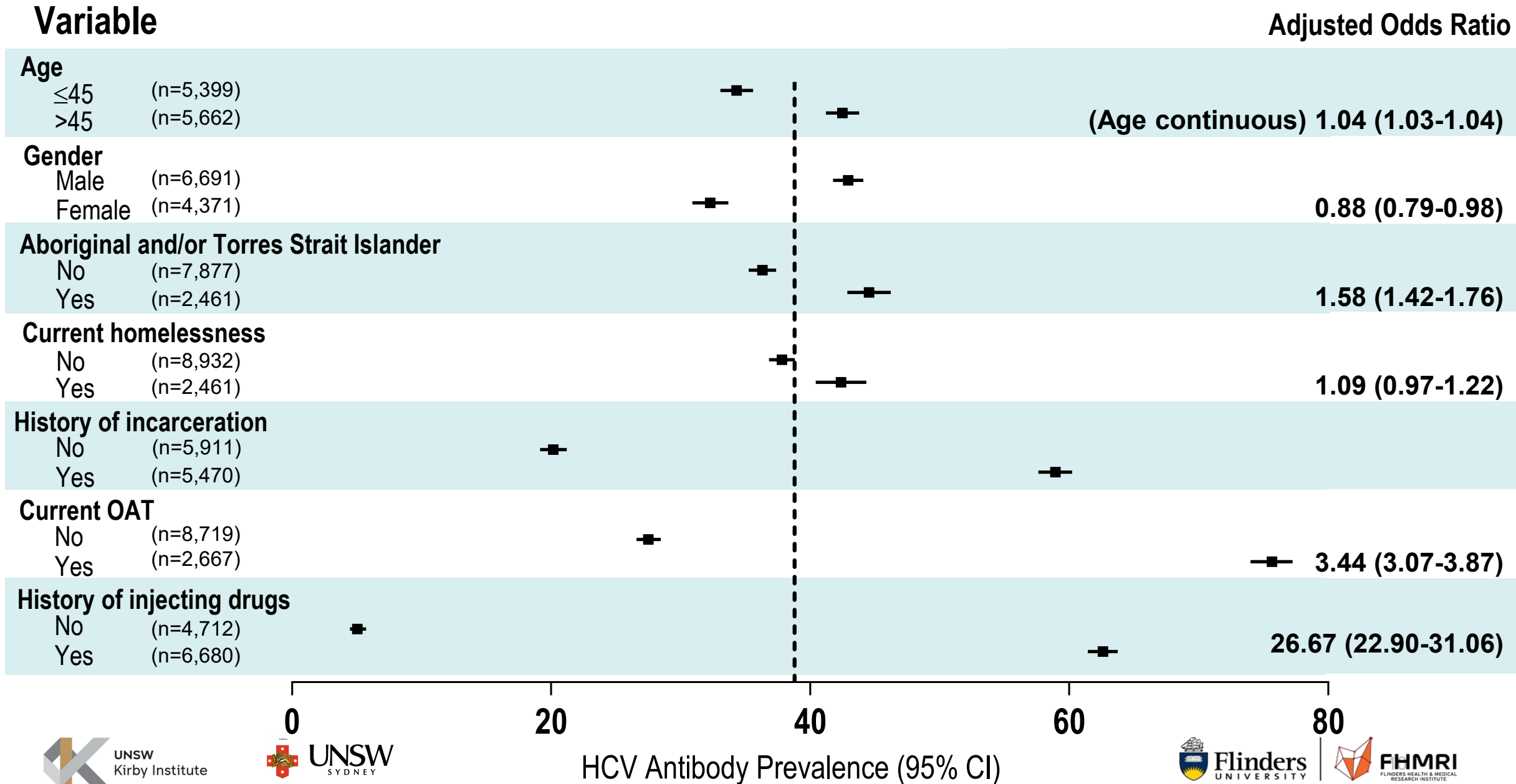
Baseline demographics

11,574 participants recruited from 8 jurisdictions:



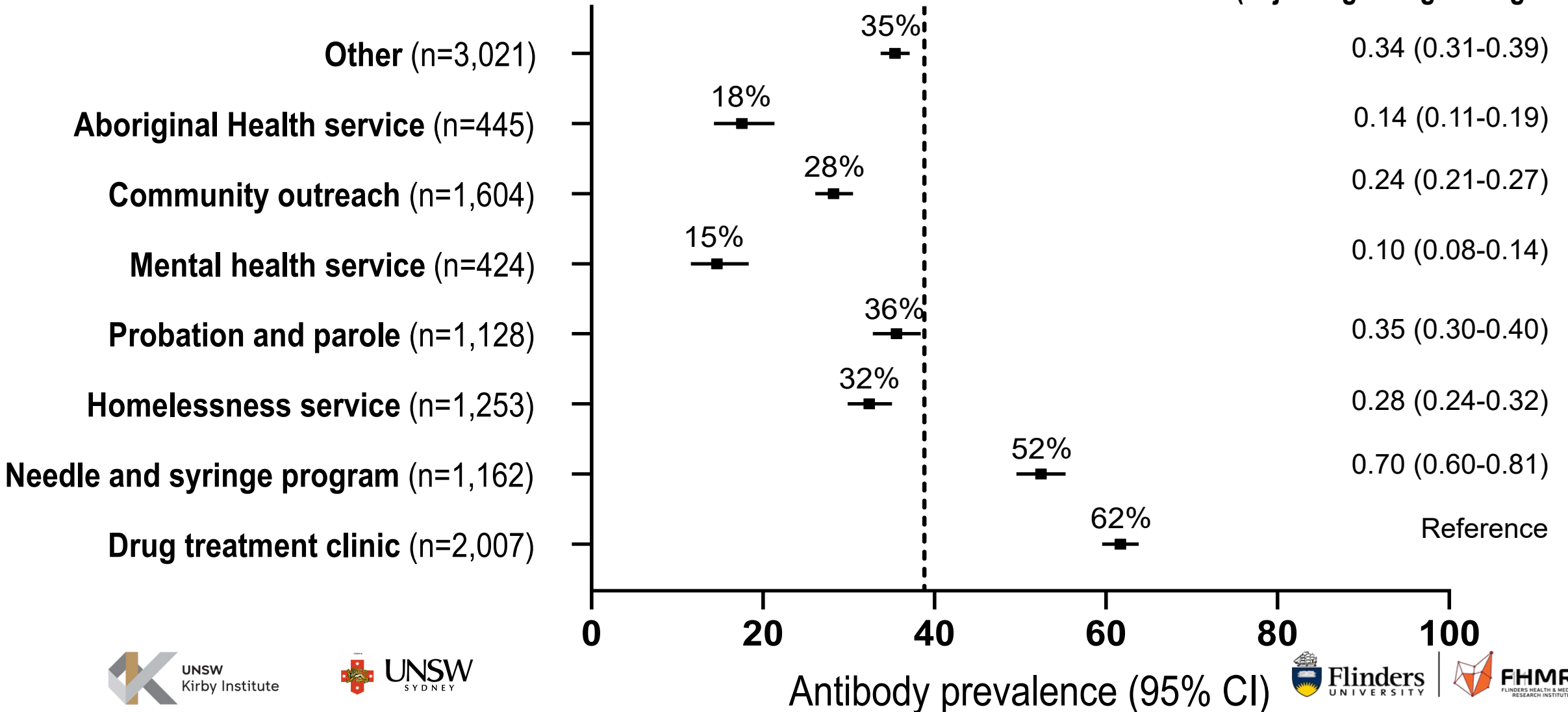
	Unique people tested
Median age (IQR)	44 (35-53)
Female	4,414 (38%)
Aboriginal and/or Torres Strait Islander	3,418 (30%)
Current homelessness	2,497 (22%)
Prison	
Never	5,997 (52%)
Yes - not in the last 6 months	3,967 (34%)
Yes - in the last 6 months	1,011 (9%)
Yes – in the last 30 days	565 (5%)
Current OAT	2,706 (23%)
Injecting and frequency	
Never	4,769 (41%)
Ever but not last 30 days	3,228 (28%)
Injecting last 30 days (less than daily)	1,988 (17%)
Injecting last 30 days (daily or more)	1,566 (14%)

HCV Antibody Prevalence by patient demographics

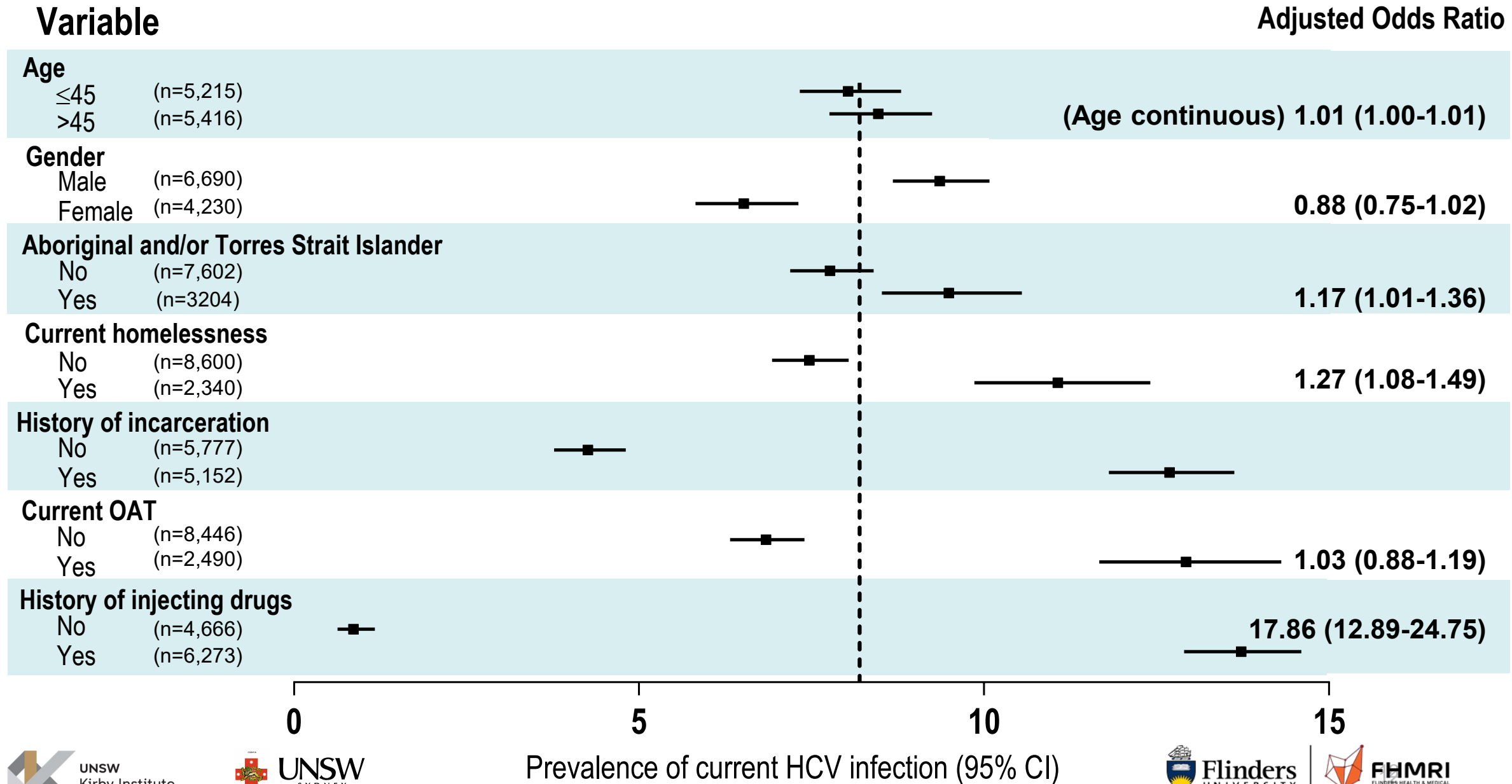


HCV Antibody Prevalence by site type

Adjusted Odds Ratio
(adjusting for age and gender)

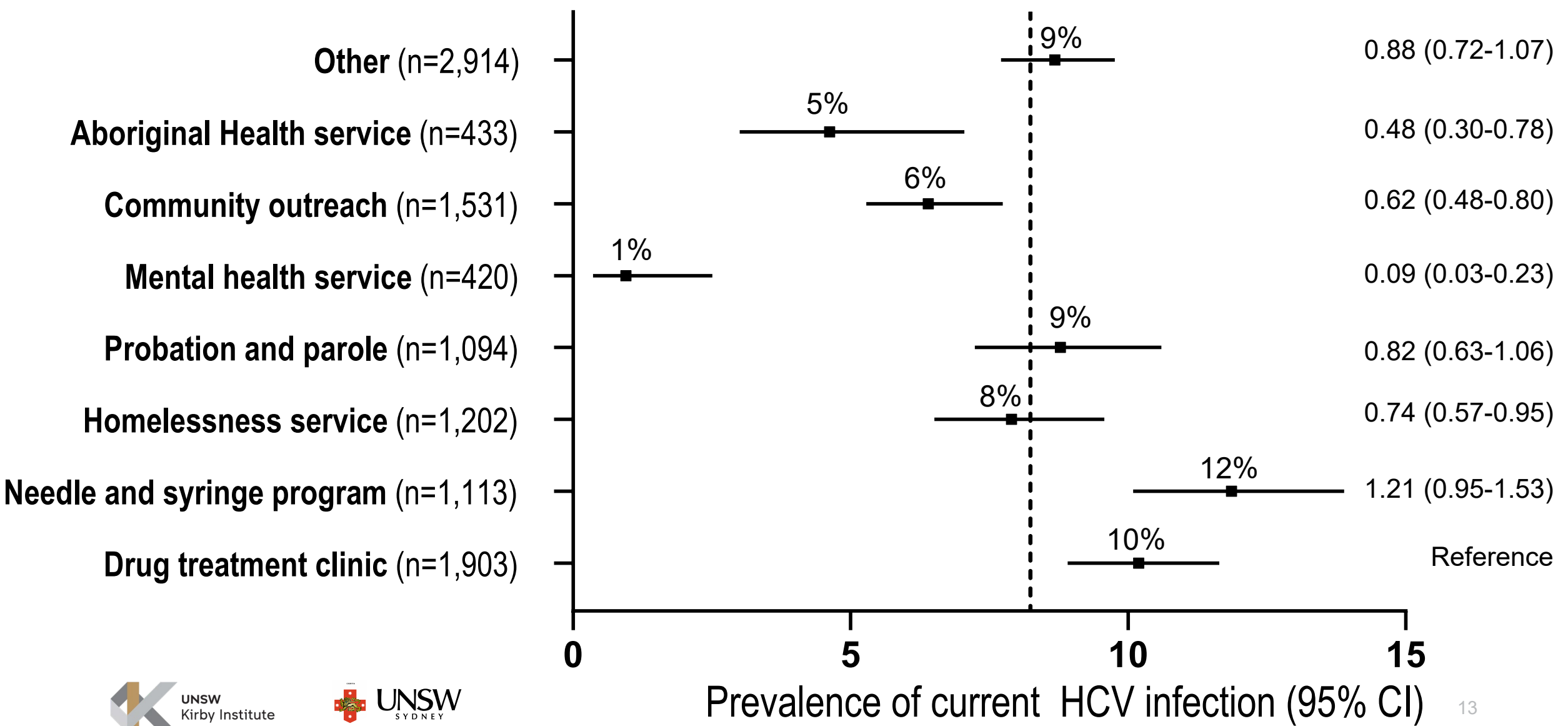


Current HCV infection prevalence by patient demographics

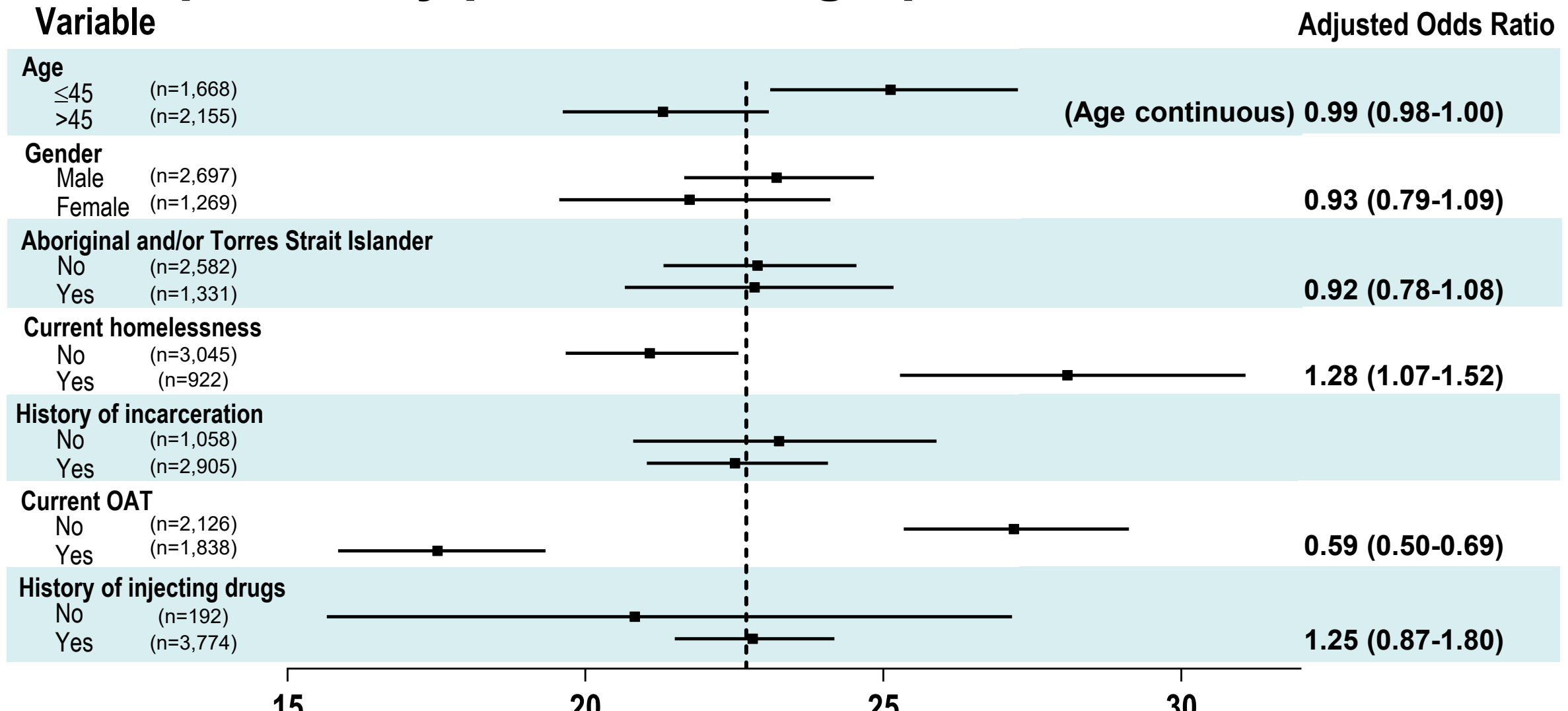


Current HCV infection prevalence by site type

Adjusted Odds Ratio
(adjusting for age and gender)

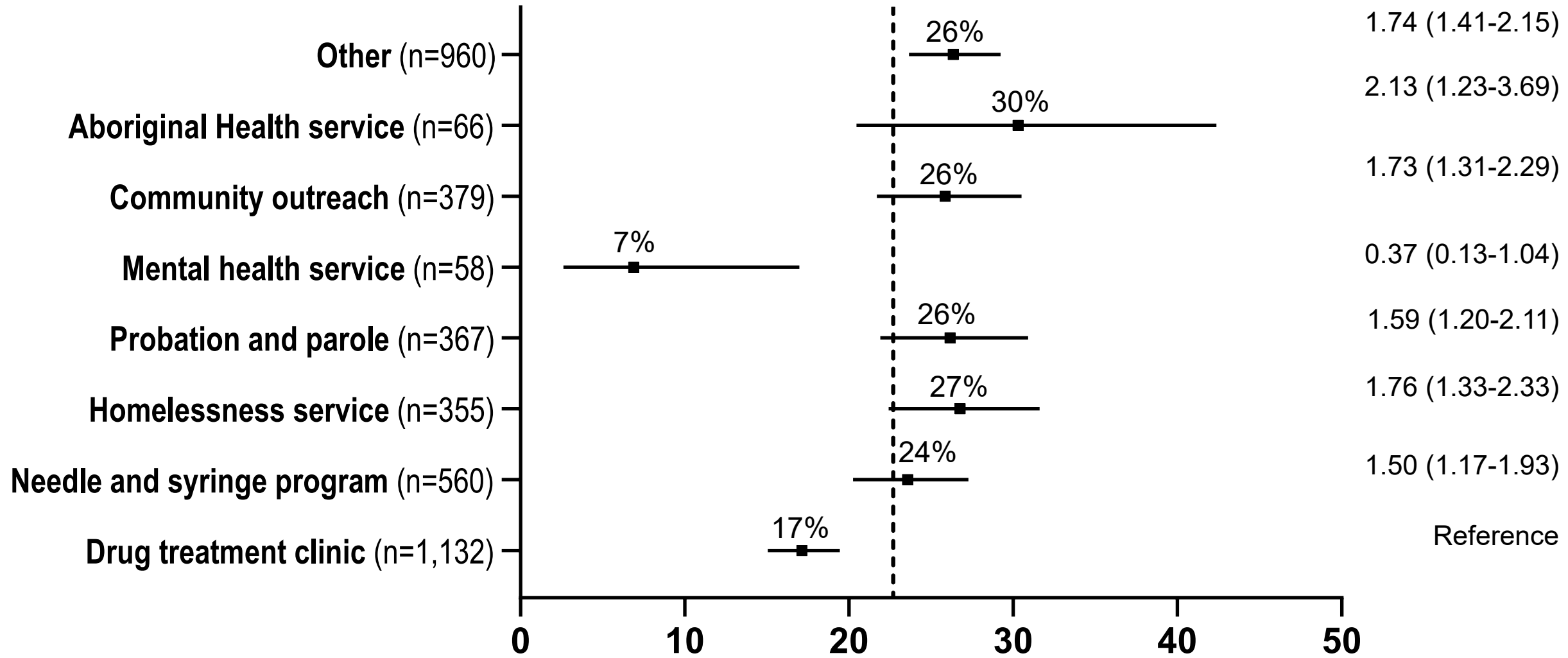


Prevalence of current HCV infection among those with history of HCV exposure by patient demographics

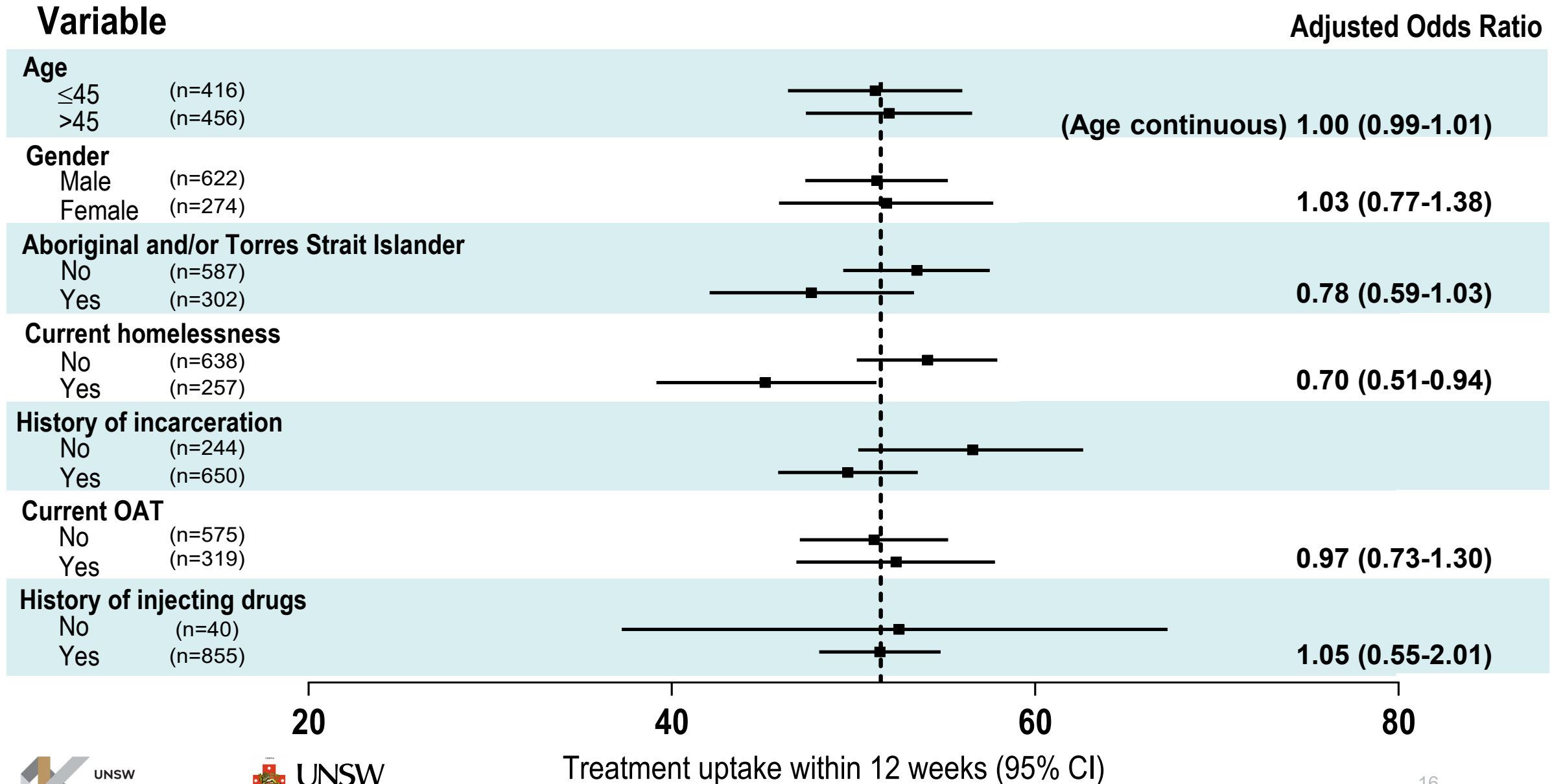


Prevalence of current HCV infection among those with history of HCV exposure by site type

Adjusted Odds Ratio
(adjusting for age and gender)

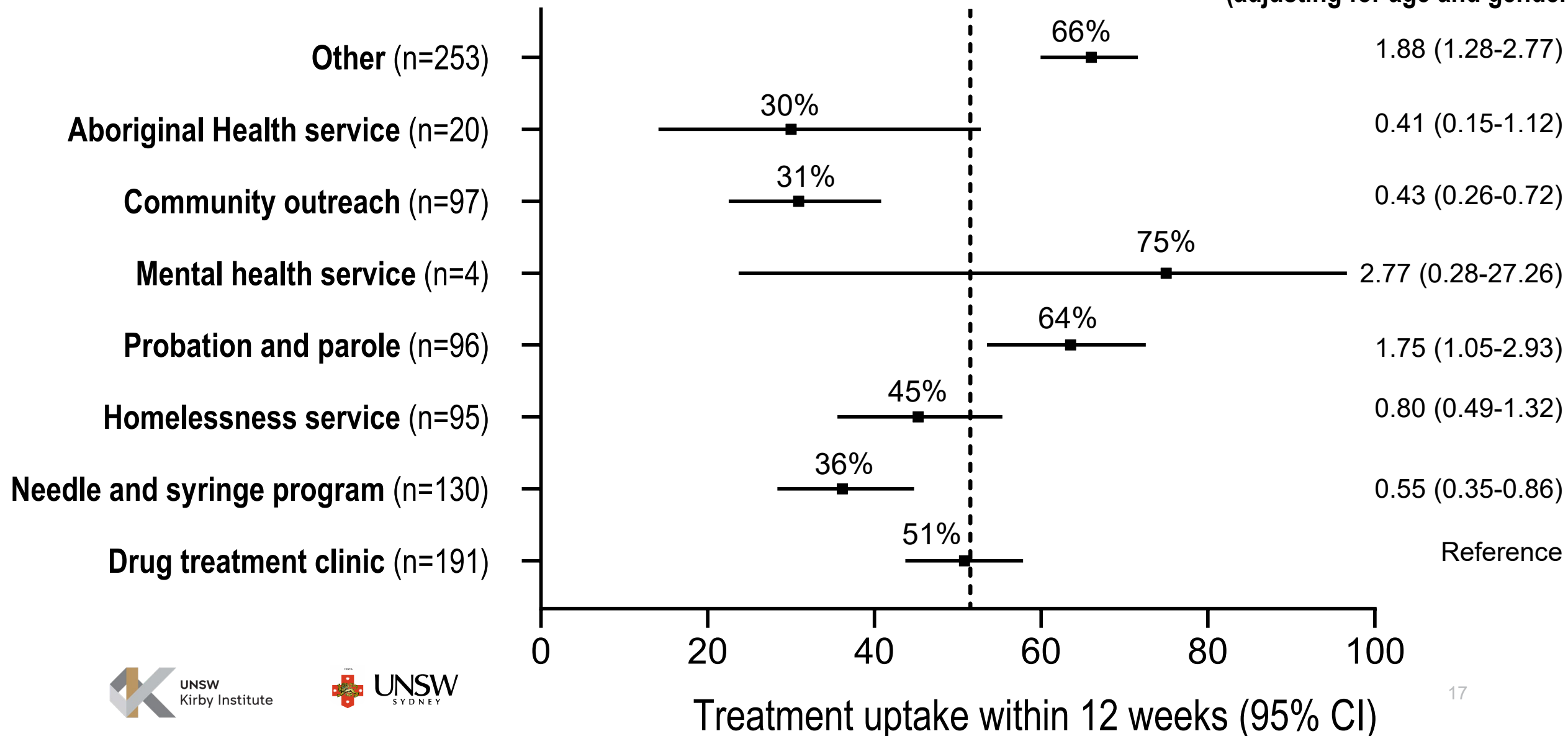


HCV treatment uptake within 12 weeks



HCV treatment uptake within 12 weeks by site type

Adjusted Odds Ratio
(adjusting for age and gender)



Discussion

- There were differences in HCV antibody and RNA prevalence by sub-population and setting among people tested in the Australian Hepatitis C Point-of-Care Testing Program
- Among people with previous exposure to HCV:
 - 25% had current HCV infection
 - people experiencing homelessness had a higher proportion with current HCV infection
 - people receiving OAT had a lower proportion with current HCV infection
 - people in mental health settings and drug treatment clinics had a lower proportion with current HCV infection
- Among people with current HCV infection:
 - 51% initiated treatment within 12 weeks
 - Homelessness was associated with lower proportion initiating treatment
 - Treatment initiation was higher in probation/parole settings
 - Treatment initiation was lower in community outreach settings and needle/syringe programs

Key Actions and Take Aways

1

There has been progress towards elimination, however gaps remain.

2

Structured environments (e.g. drug treatment clinics and probation and parole) may support better follow-up and treatment uptake.

3

Integrate testing into high-prevalence sites (e.g. NSP, drug treatment) and target testing in low prevalence sites (e.g. mental health) to those at-risk of infection.

4

Strategies tailored to setting-specific barriers/enablers may be required to support enhanced HCV treatment initiation in a range of settings.

*All **participants** who have contributed their time and data to our study, and:*

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