

Exploring the characteristics of people with historical risk factors tested through a mobile nurse and peer-led hepatitis C van in Melbourne, Victoria.

Authors:

Myers G¹, Winter R^{1,2,3}, Griffin S^{1,2,3}, Holmes J^{1,4}, Reid B¹, Dicka J⁵, Craigie A¹, Belzer M⁵, Pappas A¹, Whitton B¹, Papaluca T¹, Stoové M^{2,3,6}, Thompson A J^{1,4}

¹Department of Gastroenterology, St Vincent's Hospital, Melbourne, VIC, Australia

²School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC, Australia

³Disease Elimination, Burnet Institute, Melbourne, VIC, Australia

⁴Department of Medicine, University of Melbourne, Melbourne, VIC, Australia

⁵Harm Reduction Victoria, Melbourne, VIC, Australia

⁶Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, VIC, Australia

Background:

Most hepatitis C (HCV) testing and interventions target people who currently inject, but little is known about those no longer injecting and their opportunities to engage with HCV testing and care. We examined the characteristics of people tested through a mobile service with historic HCV risk factors.

Methods:

'C No More' is a nurse and peer-led mobile service offering low threshold point-of-care HCV testing and rapid access to treatment, targeting people with criminal legal system involvement. The mobile clinic parks adjacent to community justice centres and social 'hubs' across Melbourne. Participants are approached by a peer worker and offered an HCV test; participant-identified risk factors are not an eligibility criterion. Those tested complete a demographic and behavioural survey.

Results:

Between September 2023 and November 2025, 1,211 participants were tested for HCV, with 228 (19%) reporting former injecting drug use (>12 months ago). Of these, 172 (75%) were male and mean age was 45 years. Nearly a third (31%, 70/228) thought they might have HCV at time of testing, but 25% (57/228) had never been tested. Of those with former injecting drug use, 9% (20/228) tested HCV RNA positive, with 50% (10/20) reporting they had not been tested in the last five years. Eight of the 20 RNA positive people reported a previous positive test, with 75% (6/8) reporting they never received HCV treatment and 38% (3/8) report their last positive test was >5 years ago. 85% (17/20) initiated treatment through the service, including six previously untreated individuals.

Conclusions:

Recent modelling suggests more than four in five people living with HCV are not currently injecting drugs. Targeted, risk-based HCV testing may miss opportunities for people who no longer inject. Broadening access to low-threshold community testing can improve engagement of people with historic risk factors and support progress toward HCV elimination.

Disclosure of Interest Statement:

This study was funded partially by Gilead Sciences Pty Ltd via an independent medical grant, by St Vincent's Hospital Inclusive Health Award, the Victorian Department of Health,

and by a National Health and Medical Research Council Synergy Grant (GTN 2027497). GM has received professional development support from Gilead Sciences.