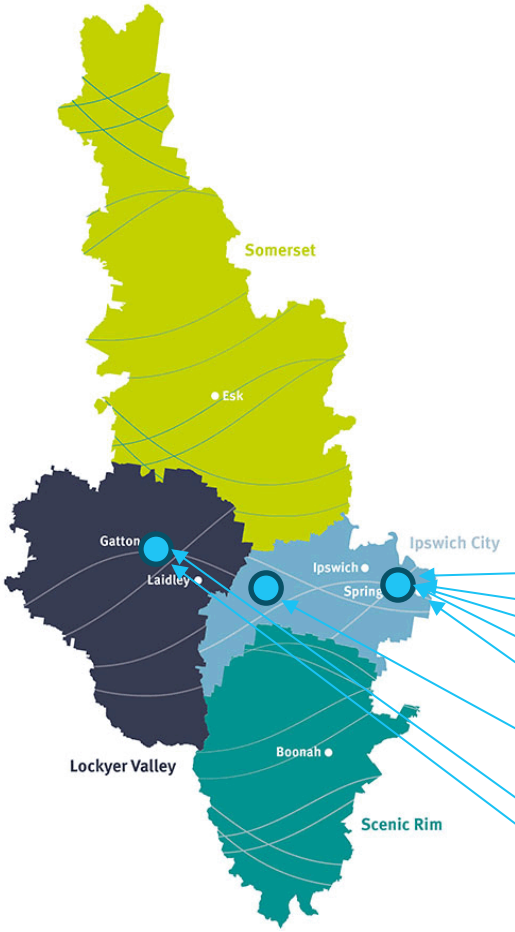
Integration of HCV POCT
Arthur Gorrie Correctional Centre

West Moreton Prison Health Services

Disclosures

- Attending this conference on scholarship provided by Australasian Hepatology Association
- Received honorarium from Gilead Sciences for speaking engagements and participation in Advisory Board meetings.
- Received honorarium from Abbvie for speaking engagements and participation in Advisory Board meetings.

West Moreton Prison Health



7 High Secure Prisons and 1 Youth Detention Centre

- Main entry points for custody within South-East QLD
- Approximately 4,700 prisoner population
- Lockyer Valley CC due to open late 2025, will add additional 1,500 prisoners

Brisbane CC (950)
Arthur Gorrie CC (1500)
Wolston CC (900)
Brisbane Women's CC (350)
Brisbane Youth Detention Centre
Borallon CC (900)

Southern QLD CC (350)
Lockyer Valley CC (due to open later in 2025)

West Moreton Prisons BBV Team

Nurse Practitioner, 2 x Clinical Nurses, 1 x Registered Nurse

Delivery of HCV/HBV nurse-led care across all 7 correctional centres.

Direct referrals from clinicians within PHS and community (hospitals, GP's, NGO's)

Significant focus on maximising HCV screening via POCT (GeneXpert + INSTI)

Mobile Fibroscan, Femoral Blood Collection (NP), Hepatologist Support via PA Hospital

HCV Management in Prison – Without POCT

- Limited prisoner movement to health centre (mainstream vs protection prisoners)
- Long wait times for initial BBV/STI screening blood collections
- Difficulties in venipuncture collection due to history of injecting drug use
- Reflex testing requiring multiple tubes
- Lack of electronic medical records for continuity of care of individuals returning to custody
- Delays in testing for cure post HCV Treatment (SVR4 implemented as per guidelines)
- Longer wait times for HCV RNA lab confirmation (usually 5 days)→ longer time to treatment/cure
- Insufficient staff knowledge re: BBV blood pathology interpretation and referral pathways

Care Cascade timeline from test to treatment initiation approximately <u>4-6 weeks</u>

Rollout of HCV POCT at QLD's largest remand prison

- AGCC – largest correctional facility in WM region. Receiving 15 new prisoners from police watch-houses every day (1500+ prisoner population)
- Aim was to offer opt-out POCT HCV screening to all prisoners entering into Arthur Gorrie Correctional Centre and establish as the default standard of care
- WM PHS partnered with Kirby institute under the National HCV POCT project early March 2024
- All prisoners offered an INSTI antibody screen if nil known history of HCV exposure and/or a GeneXpert HCV RNA quantitative POCT to confirm/exclude current HCV infection
- Positive results fast-tracked to treatment, usually seen within 1 week to arrange DAA script
- Excellent feedback received from prisoners in relation to ease of testing methods (many patients living with HCV have difficult venous access) and the rapid results available same-day

HCV Point of Care Tests

HCV Rapid Antibody Test
3-5 minutes

HCV RNA Test
60 minutes

Clinical Governance / Pre-Project Works

- ✓ Complete redesign of BBV/STI Clinical Pathway to incorporate POCT
- ✓ Update to BBV/STI policy and work instruction documents to reflect inclusion of POCT
- ✓ HIV testing policy updated to reflect change to verbal consent only (aligning with National POCT program verbal consent forms)
- ✓ Staff training conducted for INSTI antibody kits
- ✓ Training provided by Flinders University for select group of nurses (Clinical Nurses, OST Nurses and other staff with keen interest in HCV screening)

Staff Education

- ✓ Collaboration with Hepatitis QLD to deliver multiple education sessions during clinical handover. Focused on HBV/HCV screening, pathology interpretation, treatment. Hep QLD also developed a training resource for WM PHS, now available for all staff online.
- ✓ BBV team conducted multiple short in-services for staff and provided opportunistic training re: new policies, guidelines, project requirements
- ✓ Creation of simple flowcharts to assist nurses on the new workflow with POCT
- ✓ Custom stickers to use pathology requests once HCV result is known (HIV, HBV, Syphilis)

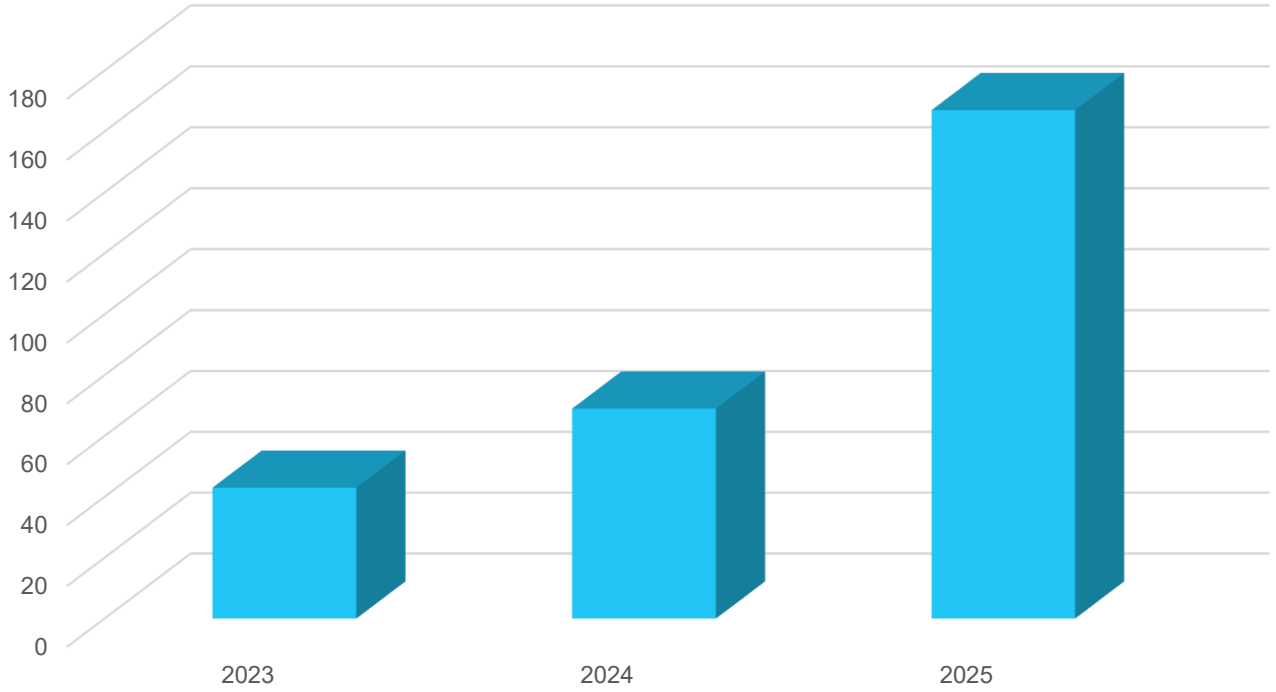
Project Challenges

- Staff buy-in and engagement – CRUCIAL FOR SUCCESS!
- GeneXpert training for staff – working around other primary care workload/priorities
- Multiple trained GeneXpert staff going on leave (in the early months of project)
- Ensuring reception staff are aware of the new framework and how to have the conversation around BBV/STI screening with prisoners
- Limited physical space to conduct reception assessments → Significant issue across prisons in SEQ
- Complex workloads in general primary health for nursing staff → Juggling priorities

Project Outcomes

- The time from screening to treatment is now less than one week, resulting in fewer individuals lost to follow-up. Further increases effectiveness of "Treatment as Prevention".
- Improved data quality (POCT has enabled timely SVR testing, more accurate picture of reinfection rates)
- Positive feedback from prisoners, news is spreading that HCV sample collection is moving to simpler/faster methods
- INSTI antibody kits now TGA approved, further establishing POCT as the default for initial HCV screening moving forward
- Access to OST has significantly increased since the rollout of HCV POCT → Combination of increased HCV screening and harm reduction measures…lower HCV prevalence!
- Approval for additional staff training at AGCC on POCT HCV RNA (including OST staff)
- Mini-HITT projects can be completed in accommodation units → Create "HCV-free Clusters" among groups of prisoners to decrease spread of HCV and empower prisoners to know their HCV status

Prisoners screened at reception for HCV – Arthur Gorrie CC
Trend over same 4-month period (Jan-Apr)



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KEY ACTIONS & TAKEAWAYS

1) HCV screening remains a priority in prison populations across Australia. Elimination targets for HCV will be extremely difficult to achieve without a continued scale up on screening.

2) POCT for HCV screening and SVR should be utilised where possible in high prevalence prison environments. Rapid results = Rapid action

3) **Low threshold HCV treatment in prisons should become the norm**.

   Safe and effective treatments = Treat first, ask questions later!

With just a finger-prick…give Hep C the flick!