Breaking through the 'Cascade of Scare': Peer-led community HCV testing and treatment navigation

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Background: People from priority populations living with hepatitis C (HCV) often face significant barriers to follow up and treatment. Stigma, previous negative healthcare experiences, no contact details, and complex social circumstances contribute to a sense of disengagement—a "cascade of scare"—that reduces willingness to pursue HCV care. Peer facilitated support offers a way to bridge these gaps and strengthen treatment pathways.

Analysis: Peers working within community-based health organisations can build trust, mitigate stigma, and improve engagement. HepLink DBS, a Hepatitis NSW program, employs peers to conduct Dried Blood Spot (DBS) testing in priority population settings. Incentivised testing encourages participation. At testing, participants provide consent for peer workers to follow up results. Peers respond to participants' concerns related to positive diagnoses and connect them with clinical partners who can arrange confirmatory blood testing and initiate and support HCV treatment. This model creates a supportive, person-centred pathway from testing through to cure.

Outcome: From 500 DBS tests, 19 participants were diagnosed with HCV. Many of these individuals experienced major barriers—including unstable housing, limited or no contact details, mental health issues, incarceration, and low connection to healthcare services—which resulted in some being lost to follow up. Other participants returned for results but did not proceed to treatment. Strong collaboration with local service providers enabled five participants to complete treatment. The strongest outcomes occurred where communication and partnerships between services were well established.

Conclusions: Outcomes underscore the importance of persistent outreach, multi-service collaboration, incentivised engagement, and flexible, person-centred support to help marginalised individuals access HCV care. While peer led DBS testing effectively reaches people who are rarely or never tested, loss to follow up remains a risk after diagnosis. Community based peer facilitation—combined with strong clinical partnerships—offers an effective approach to guide people into, and through, HCV treatment.

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