

A one-stop-shop for hepatitis C care in the community corrections population: The peer and nurse-led C No More study.

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Background: While in-prison hepatitis programs successfully treat large numbers of people living with hepatitis C, little attention has been paid to facilitating parallel programs for individuals on community corrections orders, such as probation or parole. This study evaluated the clinical efficiency of a mobile, nurse and peer-led model of care providing same-day test-and-treat hepatitis C care at community corrections offices in Melbourne.

Methods: Individuals were opportunistically approached by a peer worker within the vicinity of four community corrections offices. Participants were tested with point-of-care HCV antibody tests and, if positive, point-of-care HCV RNA tests. Participants who self-reported antibody positivity were reflexed directly to RNA. RNA positive participants were assessed for treatment initiation, and prescribed treatment by a nurse practitioner. Cure was defined by testing negative for HCV RNA ≥ 4 weeks after finishing treatment (sustained virological response, SVR-4).

Results: Of 726 participants, 520 (72%) were male, 100 (14%) were Aboriginal or Torres Strait Islander, 84 (12%) were homeless, 254 (36%) were on community corrections, 541 (75%) had a lifetime history of criminal justice system involvement and 379 (52%) were current or former injecting drug users. Of 527 antibody tests, 32 (4%) were positive; 199 participants were reflexed directly to RNA testing. Among 231 RNA tests, 56 (24%) were positive and overall HCV RNA prevalence was 8% (56/726). Of RNA positives, 50 (89%) commenced treatment, 24 are known to have completed treatment and 20 achieved SVR-4. Three participants were in the process of starting treatment and three did not start treatment.

Conclusion: High treatment initiation rates indicate that a mobile, same-day test-and-treat model is effective at providing hepatitis C care to the community corrections population. Most of our participants were not on community corrections orders, indicating a high prevalence of HCV and unmet need for HCV care in these communities in Melbourne.

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