

EXAMINING THE CHARACTERISTICS OF PEOPLE WHO TESTED POSITIVE FOR HEPATITIS C THAT WERE REACHED THROUGH A MOBILE NURSE AND PEER-LED MODEL OF CARE IN MELBOURNE, AUSTRALIA

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Background:

Experts proffer that those remaining to be treated for hepatitis C (HCV) require adapted models of care. We examined the characteristics of HCV RNA positive participants who engaged with a flexible outreach mobile model of care and described their support needs.

Description of model of care/intervention/program:

'C No More' is a nurse and peer-led mobile clinic that rotates adjacent to justice centres across Melbourne. The service offers drop-in, low threshold point-of-care testing, clinical assessment and rapid access to direct-acting antiviral (DAA) therapy using a flexible, person-centered approach.

HCV RNA positive participants are offered DAAs and tailored support including flexible no-cost DAA dispensing, support to commence and complete treatment, attend appointments and access relevant services. Collaborating with local services (disability, homelessness, mental health, justice, and nurses) facilitates continuous client contact, tailored care and a holistic approach.

Participants receive \$40 vouchers and an 'engagement pack' consisting of toiletries and snacks.

Effectiveness:

Between August 2023 and February 2025, 776 participants were tested of whom 59 (8%) were RNA positive and 51/59 (86%) commenced treatment. The median age of RNA positive participants was 47 years, 44 (75%) were male and 7 (12%) were Aboriginal. Most (54, 92%) had a criminal justice history, 39 (66%) injected drugs in the past 12 months, 15 (25%) previously injected, and 17 (29%) reported unstable housing. Participants reported numerous physical (35, 59%) and mental (31, 53%) comorbidities and most (52, 88%) were current smokers. For RNA positive participants, 23 (39%) required specialist hepatology consultation. On average it took 11 contact attempts for participants to start DAA treatment. This includes direct participant contact, but also coordination with support workers and services, where applicable.

Conclusion and next steps:

This data demonstrate the high support needs and care coordination required to initiate and continue HCV treatment among a justice-involved population in Melbourne. Further investigations should assess which populations are being 'left behind'.

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