



Addiction medicine and **blood-borne virus case finding**

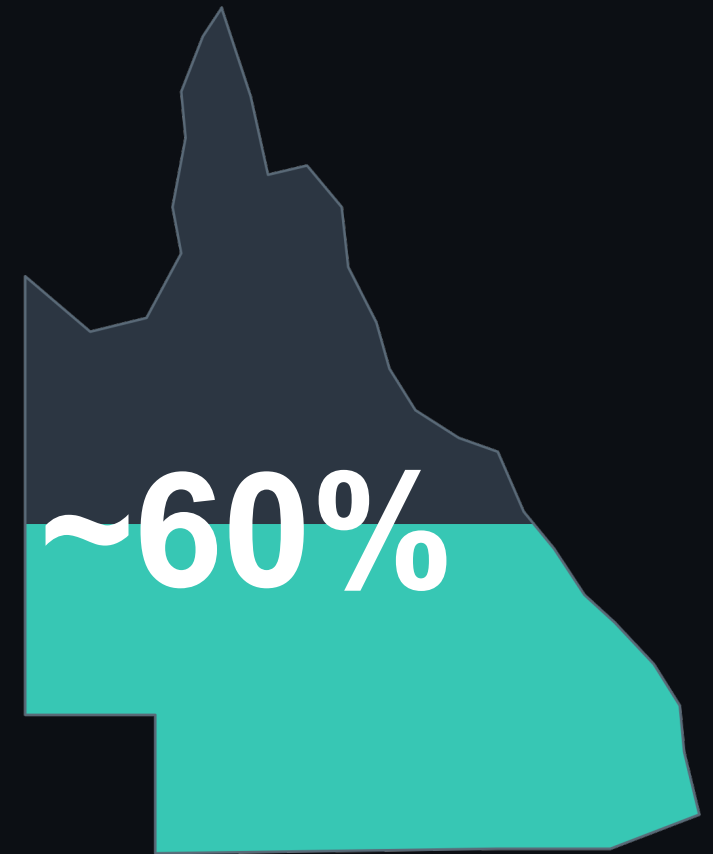
in hospitalised incarcerated people who inject drugs

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No disclosures

Does inpatient addiction medicine involvement improve **screening, outcomes and cost**?

- Quaternary referral hospital
- Serves ~ 60% of QLD's prison population
- July 2019 – June 2025, 59,405 prisoner-years
- Incarceration amplifies the risk (almost 10x general population)



Quantifying impact

PRIMARY OUTCOMES

HCV RNA testing

HBsAg testing

HIV serology

Complete BBV screening

Economic analysis

SECONDARY OUTCOMES

Linkage to HCV care

Self-discharge

30-day readmission

Length of stay

Who they were

~2,000

cases screened



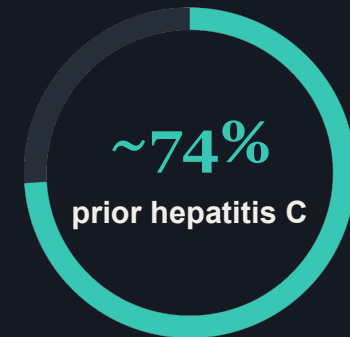
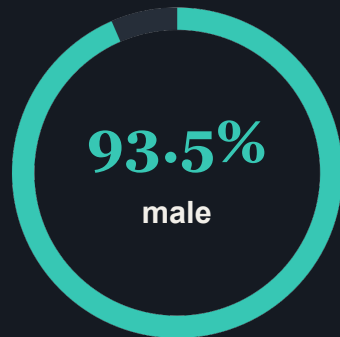
391

infection episodes

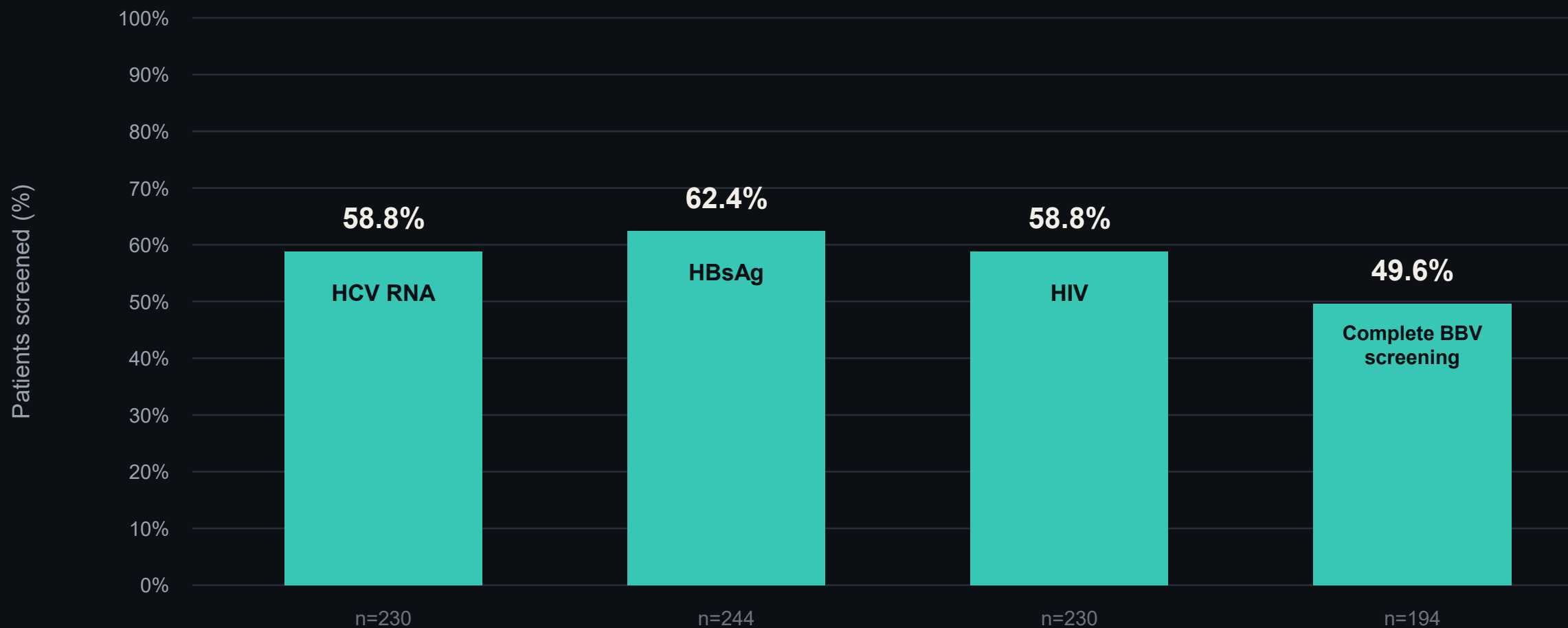


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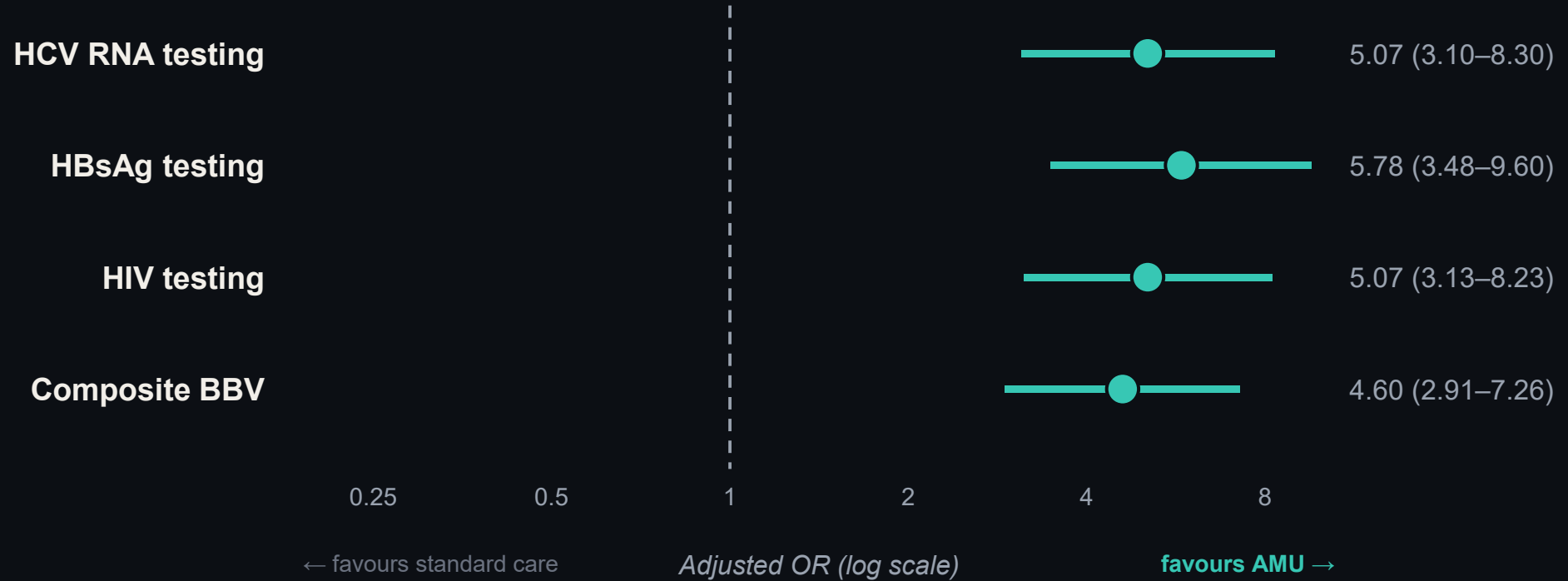
median age (IQR 28–38)



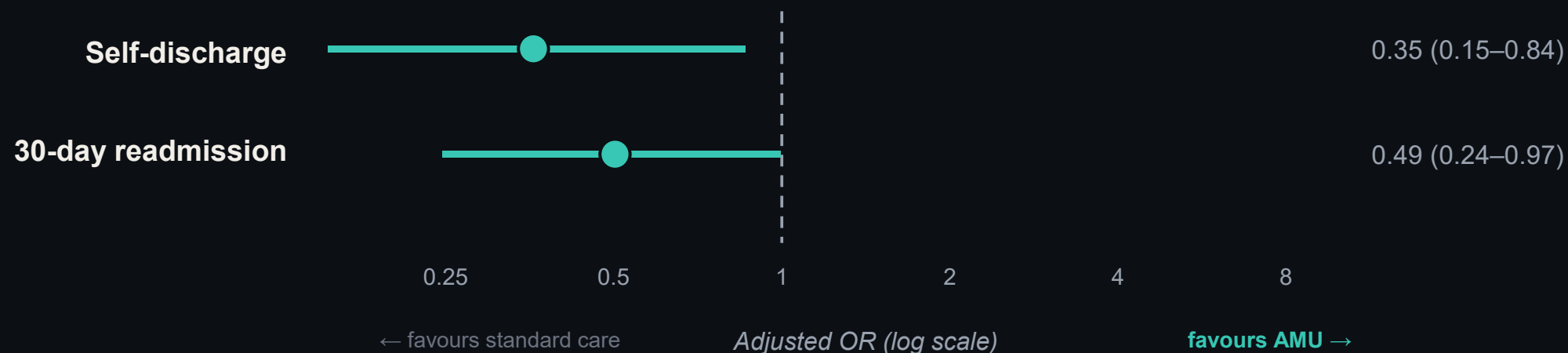
Low screening but high viraemia



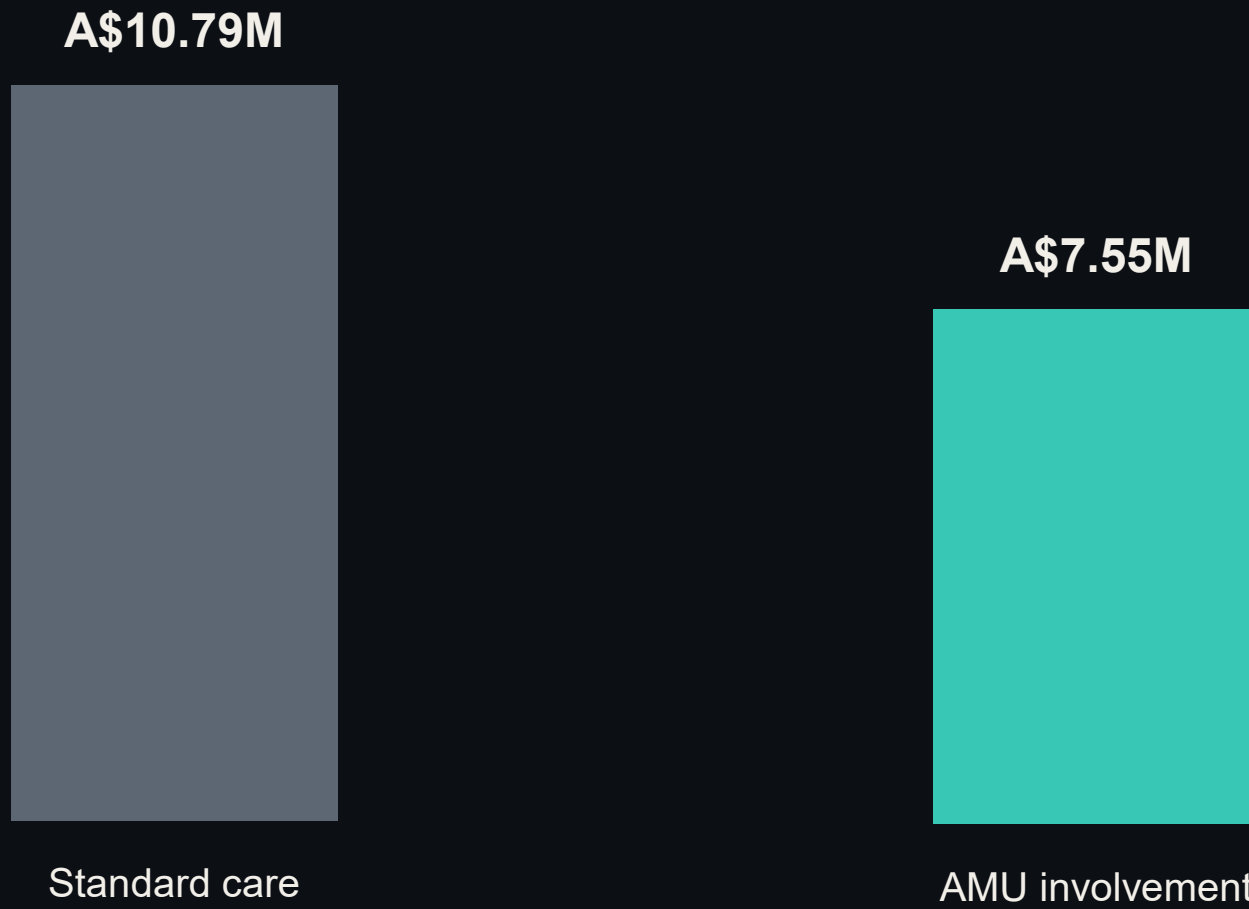
~5× the odds of being screened



Shorter stays. Fewer leaving early. Fewer coming back.



Over \$3 million saved



Diagnosis is the bottleneck



All hospital admissions

58.8% screened for HCV

78.4% viraemic

>85% linked to care

Addiction medicine involvement improved BBV case finding and cut healthcare use.

The gap is diagnosis, not linkage — hospital admission is the moment to act.