Towards eliminating HCV in Australia: A rural collaboration to improve access to HCV testing and treatment

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Background/Approach:

To eliminate Hepatitis C (HCV) by 2030, we piloted routine HCV testing in Murrumbidgee Local Health District (MLHD) Alcohol and Other Drug (AOD) services.

MLHD spans 125,243 km^2. A geographically dispersed population of 250,000 people, MLHD is more disadvantaged than the Australian average, compounding the issues of rurality and reduced engagement in healthcare for people experiencing AOD harms. Collaboration between AOD and other services is crucial to address these barriers.

Analysis/Argument:

We implemented routine HCV testing across MLHD's AOD services. Clinical leads from AOD, and HARP Hepatitis C program worked in partnership to support rollout of dry blood spot (DBS) testing. Fibroscan and treatment pathways were established, supported by AOD and HCV staff.

Outcome/Results:

From April 2024-January 2025, MLHD AOD sites undertook 90 HCV DBS tests. Of these, 22% (n=21) are HCV PCR positive, significantly higher than average NSW AOD settings (8%).

81% (n=17) of the 21 people with positive HCV PCR have commenced treatment.

Conclusions/Applications:

In MLHD, the partnership between AOD and HARP focused on testing and treatment access, ensuring integration and coordination of care across different services and settings.

Clinical leads were significant as champions through targeted education, support, and being available as a resource for nursing, allied health, peer workers and medical practitioners across MLHD who enthusiastically took up this work.

Collaboration successfully improved access to HCV testing across MLHD AOD services. It is also leading to increased access to treatment. This is becoming business as usual and may be rolled out in more settings.