

# 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, Victoria

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## Background:

Reaching 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 and described their support needs.

## Method:

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

Participants testing HCV RNA positive are offered DAAs and tailored support including flexible dispensing, support to commence and complete treatment, and attend appointments where required. Collaborating with local services (disability, homelessness, mental health, justice) facilitated continuous client contact and tailored care.

## Results:

Between August 2023 and November 2025, 1221 participants were tested of whom 84 (7%) were RNA positive and 78/84 (93%) commenced treatment. The median age of RNA positive participants was 47 years, 62 (73%) were male and 13 (15%) were Aboriginal and/or Torres Strait Islander. Most (n=72, 86%) had criminal justice history, with 20 (24%) on current corrections orders. Most (n=58, 69%) had injected drugs within 12 months and 25 (30%) reported unstable housing. Regarding testing, 10 (12%) had either never previously tested for HCV or were unsure. Overall, nine (11%) RNA positive participants were considered cirrhotic and two (2%) had hepatocellular carcinoma requiring specialist hepatology consultation. At the time of testing, 46 (55%) of RNA positive individuals self-reported current or suspected HCV but had not accessed treatment. On average it took 11 contact attempts to initiate participants on DAAs; including their nominated contacts and service providers.

## Conclusions:

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

## Disclosure of Interest Statement:

*BR has received professional development support from Gilead Sciences and AbbVie and speaker fees from Gilead Sciences. This study was funded partially by Gilead Sciences Pty Ltd via an independent*

*medical grant, by St Vincent's Hospital Inclusive Health Award, the Victorian Department of Health, and by a National Health and Medical Research Council Synergy Grant (GTN 2027497).*