

The clinical effectiveness of a nurse and peer-led, mobile model of hepatitis C care adjacent to the community corrections setting in Australia: final results from the C No More study.

Griffin S^{1,2,3}, Holmes JA^{3,4}, Reid B³, Belzer M⁵, Craigie A³, Pappas A³, Papaluca T^{3,4}, Dicka J⁵, Myers G³, Stoové M^{1,2,6}, Thompson AJ^{3,4}, Winter RJ^{1,2,3}

Affiliations

¹ Disease Elimination, Burnet Institute, Melbourne, VIC, Australia, ² School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC, Australia, ³Department of Gastroenterology, St Vincent's Hospital, Melbourne, VIC, Australia, ⁴ Department of Medicine, University of Melbourne, Melbourne, VIC, Australia, ⁵Harm Reduction Victoria, Melbourne, VIC, Australia, ⁶Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, VIC, Australia

Background:

Prison-based hepatitis C (HCV) models of care treat significant numbers of people in Australia but exclude many people in contact with the criminal justice system; those serving community corrections orders. This clinical effectiveness study determined rates of HCV point-of-care testing uptake, test positivity, and treatment initiation in a mobile, nurse and peer-led model of HCV care, adjacent to community corrections offices in Melbourne, Australia.

Methods:

Individuals were approached by a peer worker within the vicinity of four community corrections offices and offered point-of-care (POC) HCV antibody (HCV-Ab) tests and, if positive, POC HCV RNA tests in a medically equipped van. For participants testing RNA positive, nurse-led assertive outreach, including telephone reminders and check-ins, supported access to direct-acting antiviral treatment.

Results:

Between September 2023 and November 2025, 1,221 participants were tested; 905 (74%) were male, 912 (75%) had a history of criminal justice system involvement, 385 (32%) were on community corrections orders and 687 (56%) reported current or former injecting drug use. Among 843 participants who were screened with POC HCV-Ab tests, 49 were HCV-Ab positive, 378 participants reported previous HCV-Ab positivity and were reflexed to POC HCV RNA testing. A total of 84/1221 (7%) were HCV RNA positive, 79/84 (93%) were initiated on treatment, 51 returned for SVR and 49/51 (96%) achieved cure. The median time between testing RNA positive and initiating treatment was 10 days and the mean number of contact episodes to initiate treatment was 11, and contacts to support treatment retention was 15.

Conclusion:

This mobile service, located adjacent to community corrections offices, identified a high HCV prevalence, highlighting the important role that delivering HCV care to justice-involved populations in the community can play in eliminating hepatitis C. High treatment initiation indicates that a mobile, assertive nurse and peer-led model is effective in providing HCV care.

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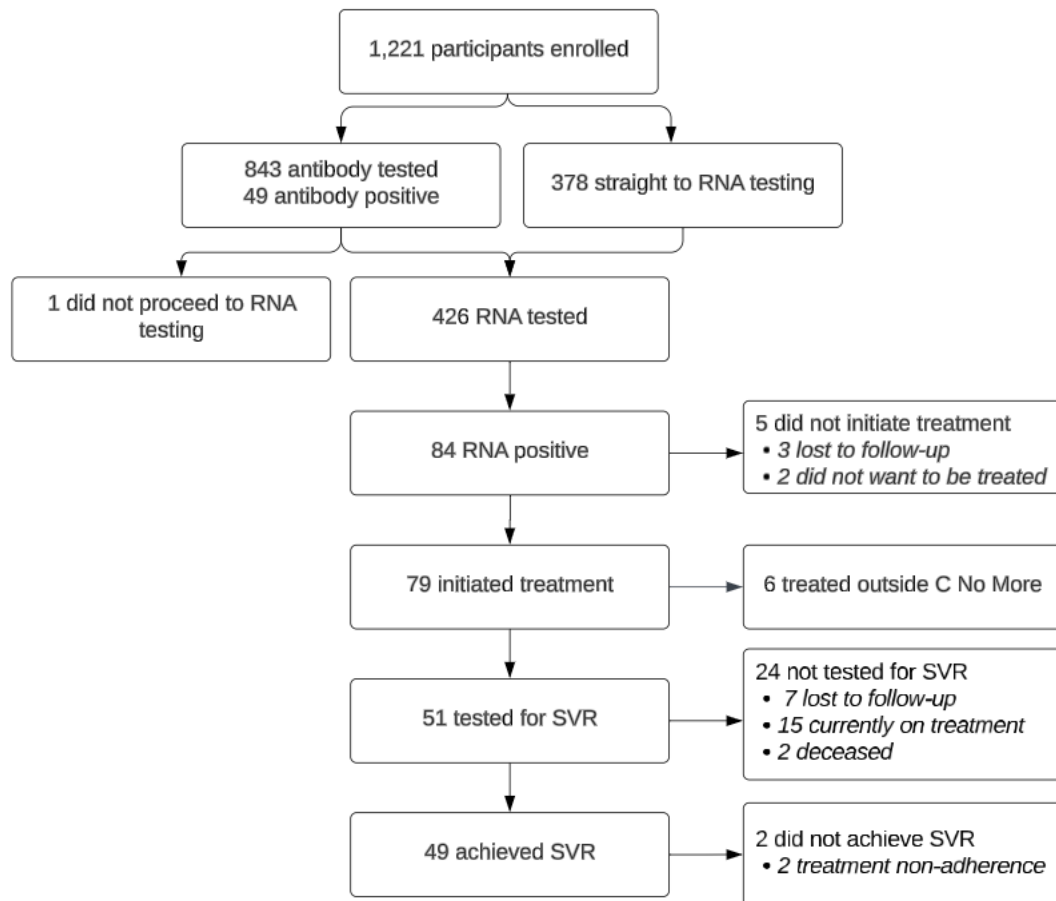


Figure 1. Participant progression through clinical pathway, C No More study, n=1,221.