

A ONE-STOP-SHOP FOR HEPATITIS C CARE IN THE COMMUNITY CORRECTIONS SETTING: THE NURSE AND PEER-LED C NO MORE STUDY

Griffin S^{1,2,3}, Thompson A^{3,4}, Holmes J^{3,4}, Reid B³, Dicka J⁵, Craigie A³, Papaluca T³, Whitton B³, Callus A⁵, Belzer M⁵, Pappas A³, Hellard M^{1,2,6,7}, Stoové M^{1,2,8}, Winter R^{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, ⁶ Kirby Institute, University of New South Wales, Sydney, NSW, Australia, ⁷Department of Infectious Diseases, The Alfred and Monash University, Melbourne, Australia, ⁸Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, VIC, Australia

Background: While in-prison hepatitis programs successfully treat large numbers of people living with hepatitis C, little attention has been paid to facilitating parallel programs for individuals on community corrections orders, such as probation or parole. This study evaluated the clinical efficiency of a mobile, nurse and peer-led model of care providing same-day test-and-treat hepatitis C care at community corrections offices in Melbourne.

Methods: Individuals were opportunistically approached by a peer worker within the vicinity of four community corrections offices. Participants were tested with point-of-care HCV antibody tests and, if positive, point-of-care HCV RNA tests. Participants who self-reported antibody positivity were reflexed directly to RNA. RNA positive participants were assessed for treatment initiation, and prescribed treatment by a nurse practitioner. Cure was defined by testing negative for HCV RNA ≥ 4 weeks after finishing treatment (sustained virological response, SVR-4).

Results: Of 776 participants, 555 (72%) were male, 109 (14%) were Aboriginal or Torres Strait Islander, 91 (12%) were homeless, 260 (34%) were on community corrections orders, 578 (75%) had a lifetime history of criminal justice system involvement and 405 (52%) were current or former injecting drug users. Of 557 antibody tests, 33 (6%) were positive; 219 participants were reflexed directly to RNA testing. Among 252 RNA tests, 59 (23%) were positive and overall HCV RNA prevalence was 8% (59/776). Of RNA positives, 55 (93%) commenced treatment, 27 are known to have completed treatment and 25 achieved SVR-4. One participant was in the process of starting treatment and three did not start treatment.

Conclusion: High treatment initiation rates indicate that a mobile, same-day test-and-treat model is effective at providing hepatitis C care to the community corrections population. Most of our participants were not on community corrections orders, indicating this model has potential in both community corrections and general community settings.

Disclosure of interest statement: 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). This study is supported by National Australian HCV Point-of-Care Testing Program.

