

## **A MOBILE NURSE AND PEER-LED MODEL OF CARE USING POINT-OF-CARE HEPATITIS C VIRUS TESTING FOR PEOPLE IN COMMUNITY CORRECTIONS.**

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### **Background:**

Hepatitis C virus (HCV) is disproportionately represented among correctional populations. People under community correctional supervision (probation and parole) represent a larger population than those incarcerated. In Australia nearly half of people under community correctional orders (CCOs) have never been imprisoned, meaning that this large population who share similar risk factors for HCV, are not accessing prison-based hepatitis care.

### **Description of model of care/intervention/program:**

'C No More' is an 18-month pilot nurse and peer-led mobile clinic using fingerstick point-of-care HCV antibody and RNA testing, rapid assessment and treatment initiation. A clinically-equipped van rotates near three justice service centres across Melbourne, providing streamlined, discreet, non-judgmental and no-cost HCV care for individuals under community correctional supervision and their networks.

A hepatitis clinical nurse consultant and two peer mentors engage and recruit participants for testing, clinical assessment, and same or next day direct-acting antiviral (DAA) therapy, provide harm reduction information and supplies, and psychosocial linkage to care. Care is tailored to participant need, including DAA dispensing, assertive follow-up, drop-in access and a nurse hotline. The CNC supports participants throughout treatment. Participants are tested for SVR post-treatment using POC RNA testing.

### **Effectiveness:**

Between August 2023 and February 2024, 232 participants were tested and 7% (n=16) tested RNA positive. Of 15 issued prescriptions, 93% (n=14) commenced treatment, 25% (n=4) completed treatment, and one reached SVR4. Of the 16 RNA positive individuals, all had lifetime contact with the criminal justice system and 25% (n=4) were on CCOs.

### **Conclusion and next steps:**

We engaged a high number of people in HCV screening and achieved excellent treatment retention. The pilot highlights that tailored nurse and peer-led mobile outreach is effective in testing and diagnosing people who have criminal justice involvement, are disengaged from traditional healthcare services, and require support to access treatment.

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