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

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Background:
In-prison hepatitis programs are successful but exclude individuals on community corrections orders such as probation or parole. The community corrections population is likely to have similar risk factors for HCV infection and similar barriers to accessing healthcare as the incarcerated population. This study evaluated the clinical efficiency of a same-day nurse and peer-led mobile model of care at community corrections offices in Melbourne, Australia.

Methods:
The C No More study enrolled individuals within the vicinity of three metropolitan community corrections offices. Participants were recruited opportunistically by a peer worker. At enrolment, individuals were tested with point-of-care HCV antibody tests and, if positive, point-of-care HCV RNA tests. Participants with self-reported HCV antibody were reflexed to RNA testing. RNA positive participants were assessed for treatment initiation, and prescribed treatment by a nurse practitioner.

Results:
Among 204 participants enrolled in the study, 83 (41%) were on community corrections orders. Of those enrolled, 47 (23%) were reflexed to RNA testing due to reported antibody positivity. Of 157 antibody tests conducted, eight (5%) were positive. Among the 55 people RNA tested, 16 (29%) were positive. Of these, 10 (62.5%) commenced treatment, four were in the process of commencing treatment, one was treated elsewhere, and one chose not to pursue treatment. Of those who commenced treatment, four completed treatment and one had been tested for and achieved SVR. Overall, the prevalence of HCV RNA positivity was 8% (16/204).

Conclusion:
This study shows high rates of retention in care and treatment initiation, indicating that a mobile, same-day test and treat model is effective at providing hepatitis C care to the community corrections population. The level of engagement of community members in the vicinity of this clinic and the prevalence of current HCV infection indicates there is a need for hepatitis C care in these community hubs.

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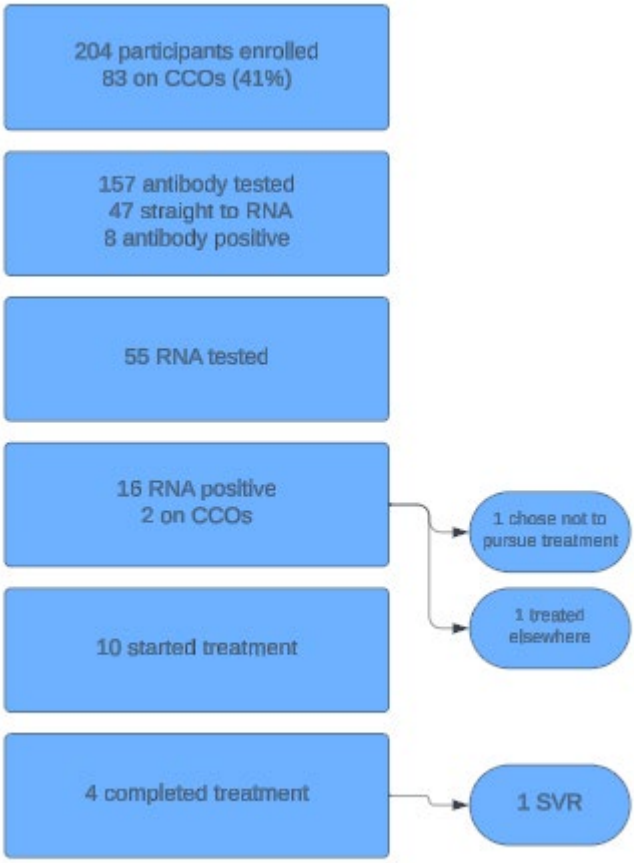
204 participants enrolled
83 on CCOs (41%)
157 antibody tested
47 straight to RNA
8 antibody positive
55 RNA tested
16 RNA positive
2 on CCOs
1 chose not to pursue treatment
1 treated elsewhere
10 started treatment
4 completed treatment
1 SVR