Expanding Hepatitis C Testing and Care into Outreach and Custodial Settings in the ACT

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Background:

Access to hepatitis C (HCV) testing and treatment remains a challenge for people experiencing healthcare barriers in outreach and custodial settings. Expanding testing in these settings is critical to achieving elimination goals. This study evaluated testing and treatment for HCV infection following the integration of finger-prick point-of-care testing into outreach activities in community and custodial settings in the ACT.

Methods:

Since June 2022, Hepatitis ACT expanded its GP-led model of care with support from the National Australian HCV Point of Care Testing program. This included regular testing at an on-site needle/syringe program and partnerships with community outreach locations, including dosing pharmacies, homelessness hubs, housing facilities, shelters, and correctional facilities to improve testing access for priority populations. In February 2025, Hepatitis ACT conducted a high intensity testing campaign at the Alexander Maconochie Centre (AMC) to enhance early detection and linkage to care. Point-of-care testing included Bioline point-of-care antibody testing and Xpert HCV Viral Load Fingerstick testing. The number of people receiving point-of-care HCV testing and treatment were assessed.

Outcomes:

Between June 2022 and February 2025, 745 people received point-of-care testing (community: n=542; prison: n=203) compared to 96 people receiving venepuncture-based testing between January 2021 and May 2022. Among 542 people receiving point-of-care testing (n=325, point-of-care antibody tests; 260 point-of-care RNA tests) in the community (mean age, 44 years, standard deviation 14), 67% were male, and 21% identified as Aboriginal and/or Torres Strait Islander. The proportion with current HCV infection was 18% (n=48). Among those eligible for follow-up at week 12 (n=42), 52.4% (n=22) initiated treatment. Among 203 people receiving point-of-care testing in the prison campaign, the proportion with current HCV infection was 3% (n=6).

Conclusion:

Expanding HCV testing and treatment in outreach and custodial settings has significantly increased access and uptake through convenient finger-prick point-of-care testing. This enhanced accessibility benefits priority populations and supports national elimination efforts.

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