

SCALE-UP OF HEPATITIS C POINT-OF-CARE TESTING AND TREATMENT AT A RECEPTION PRISON IN NEW SOUTH WALES, AUSTRALIA

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Background

Hepatitis C virus (HCV) care in prisons is critical to support elimination, but data on implementation of strategies to support scale-up of HCV point-of-care testing and treatment are lacking. This study evaluated high-intensity testing campaigns and nurse-led scale-up of point-of-care HCV testing and treatment at a reception prison in New South Wales.

Methods

In this observational study, point-of-care HCV testing was performed among participants ≥ 18 years at a reception prison in New South Wales (~900 people). Interventions included dedicated nursing support for HCV screening of individuals at reception into prison (April 2025-January 2026) and two high-intensity testing campaigns in July 2025 and January 2026. We evaluated the prevalence of current HCV infection and proportion receiving treatment between January 2025 and January 2026, adjusting for injecting risk.

Results

From April 2025 to January 2026, 2,901 point-of-care HCV tests (2,742 people) were performed (antibody, n=1,896; RNA, n=1005). Among 2,742 individuals tested, mean age was 35 years, 68% identified as First Nations, 35% reported injecting drugs in the previous month, and 39% reported receiving OAT. Among those tested at reception, HCV RNA prevalence declined from 7.0% (95%CI 5.6, 8.7) (April 2025-Aug 2025) to 3.9% (95% CI 3.0, 4.9) (Sept 2025-Jan 2026, $p < 0.001$). The estimated HCV antibody prevalence (38% vs. 36%, $p = 0.268$) and proportion with recent injecting drug use remained stable (25% vs. 23% $p = 0.286$). Current HCV infection prevalence among people receiving testing at high intensity testing campaigns was 5.0% (95% CI 2.9, 8.0) (16/318) in July 2025 and 1.7% (95% CI 0.8, 3.2) (10/573) in January 2026. Of those individuals with current HCV infection, 88% (105/119) initiated treatment.

Conclusion

An intervention consisting of dedicated nursing support and high-intensity testing campaigns led to a high proportion initiating treatment and was associated with reduced current HCV infection at a reception prison in NSW.

Disclosure of Interest Statement

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