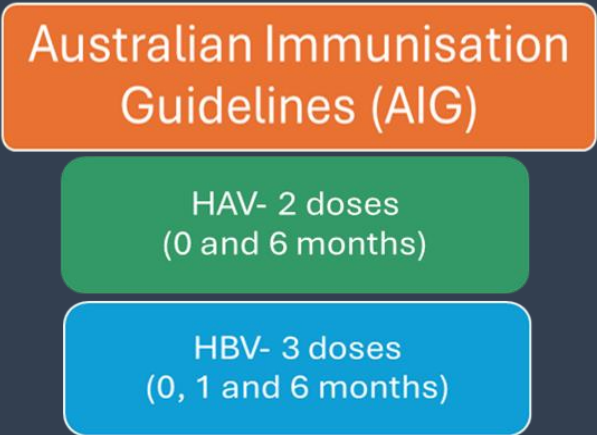


Hepatitis A (HAV) and Hepatitis B (HBV) vaccination for consumers at the Melbourne Medically Supervised Injecting Room (MSIR) following serological screening. A nurse and harm reduction practitioner (HRP) model of care for a priority population not previously vaccinated.

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Background

- People who inject drugs (PWID) in Australia experience a disproportionately high burden of viral Hepatitis C (HCV).
- PWID remain at ongoing risk of HAV and HBV.
- PWID have limited access to primary health care due to social marginalisation and stigma, resulting in low rates of screening and vaccination.

Approach

Within the already established Blood Borne Virus clinic in the MSIR consumers are offered annual routine guideline based serological screening alongside point of care HCV RNA testing.

- Routine screening includes, HIV-Ab, HCV-Ab/PCR, HBsAg, anti-HBs, anti-HBc, and HAV IgG.
- Authorised nurse immunisers administer the HAV and HBV vaccinations.
- Active follow-up for vaccination completion is done by nurses and HRPs.
- The program provides low-threshold, culturally safe opportunistic access to care, complemented by proactive and assertive follow-up for clients.

Outcomes

- Data below obtained over 5-year period. (Jan 2021 - Jan 2026)
- Individuals diagnosed with HIV, chronic HCV, or HBV were linked to appropriate tertiary or primary care services.

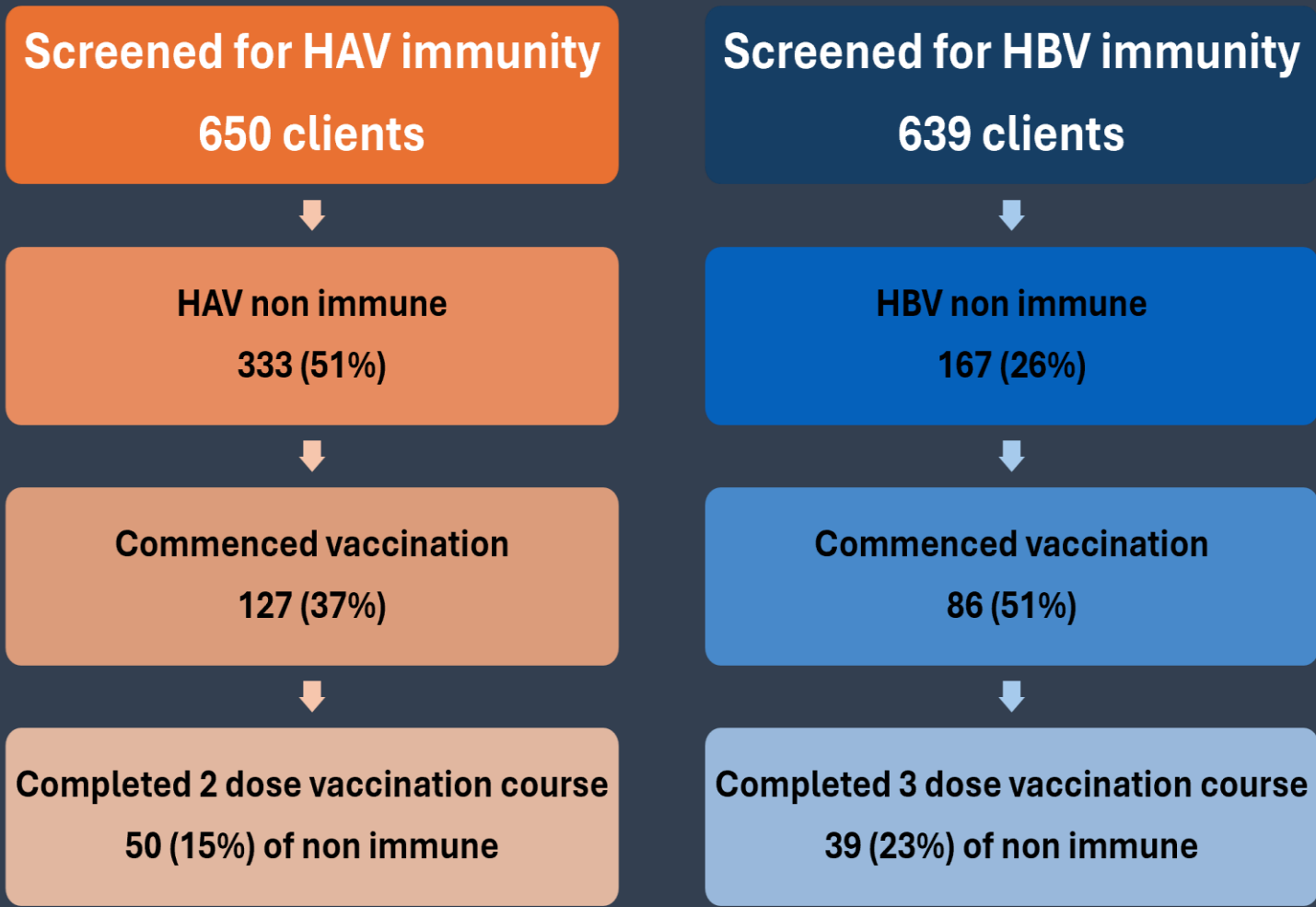


Conclusion

Integrating targeted screening and on-site HAV and HBV vaccination within the MSIR is a feasible, effective, and equitable model for PWID who are not routinely screened or immunised.

The program has;

- Increased uptake of HAV and HBV vaccination among a population that traditionally has poor access to primary healthcare.
- Addressed a critical preventive healthcare gap.
- Provides a practical framework for replication in primary care and community settings.



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