Authors
Gollapally S, Raj S , Hepatitis ACT

EXPANDING HEPATITIS C TESTING AND CARE INTO OUTREACH AND CUSTODIAL SETTINGS IN THE ACT

BACKGROUND

Many people in the ACT face barriers to hepatitis C testing and treatment, especially in outreach and custodial settings.

Why it matters: Reaching these priority populations is essential for eliminating hepatitis C.

What we did: Introduced finger-prick point-of-care testing through a community and prison outreach model, in collaboration with National Australian Hepatitis C Point-of-Care Testing Program led by the Kirby Institute.

METHODS

Since June 2022, Hepatitis ACT has expanded its GP-led model of care with support from the National HCV Point-of-Care Testing Program. Testing was delivered through our NSP and partnerships with dosing pharmacies, homelessness hubs, housing facilities, shelters, and the Alexander Maconochie Centre. A high-intensity campaign was conducted at AMC in February 2025. Point-of-care testing included Bioline antibody and Xpert RNA fingerstick tests. Testing and treatment uptake were assessed.

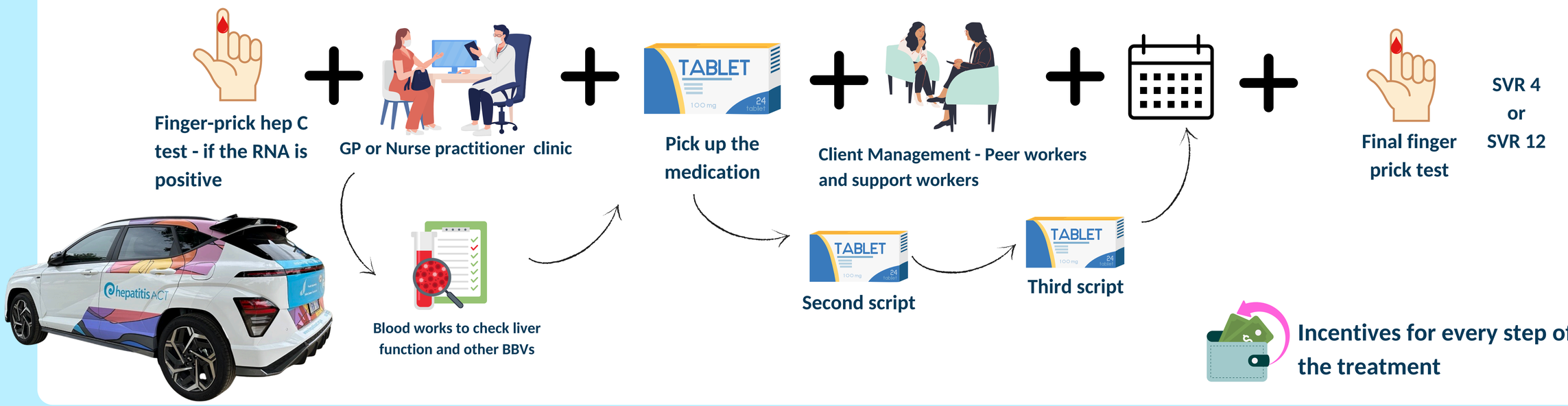
Timeline:

- Venepuncture (Jan 2021 – May 2022)
- POCT introduced (June 2022 – Feb 2025)
- High-intensity campaign at AMC (Feb 2025)

What we did:

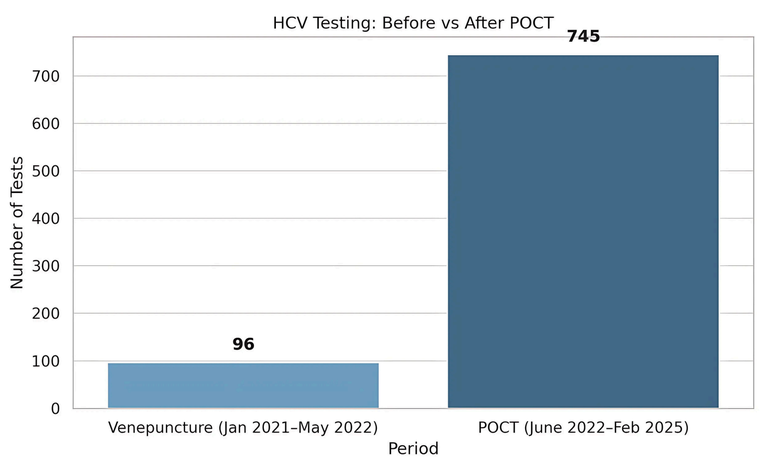
- Insti and Bioline antibody + Xpert RNA finger-prick testing
- Embedded GP-led model
- Outreach at NSP, housing, homelessness services, dosing pharmacies
- Partnership with AMC for prison campaign

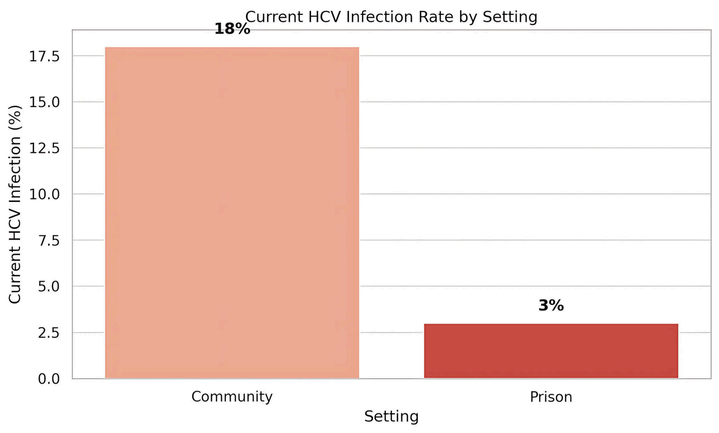
MODEL OF CARE

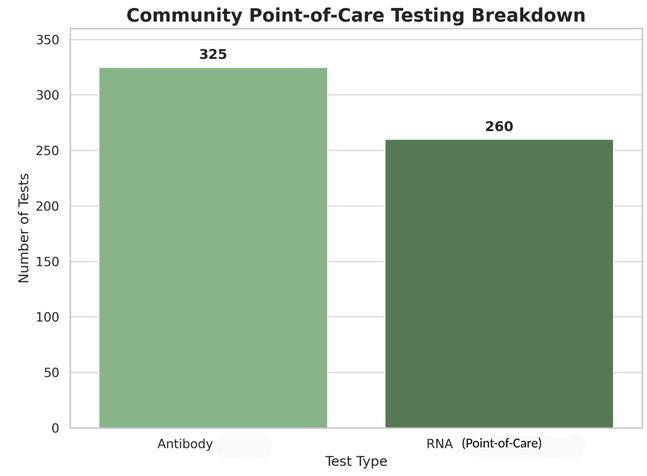


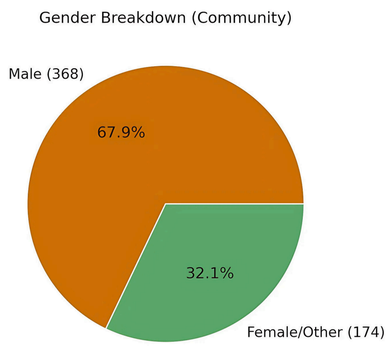
RESULTS

As of Feb 2025









TESTING BEFORE AND AFTER POINT-OF-CARE WAS INTRODUCED

HCV test numbers

Venepuncture (2021–May 2022): **96 tests**
POCT (June 2022–Feb 2025): **745 tests**
Community: **542**
Prison: **203**

Community Stats

18% had current HCV **(48/260)**
43% of those eligible started treatment **(18/42)**
21% Aboriginal and Torres Strait Islander

Prison Stats (AMC - Alexander Maconochie Centre)

52% population tested - **203**
3% had current HCV **(6/203)** - ***as of Feb 2025***

CONCLUSION

- POCT significantly increased testing access.
- Helped reduce barriers in underserved settings.
- Enabled early detection and streamlined linkage to care.
- Contributed to ACT's hepatitis C elimination efforts
- Model is scalable and cost-effective.

FUNDING AND ACKNOWLEDGEMENTS

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