

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, particularly hepatitis C (HCV), and remain at ongoing risk of HBV. Australian Immunisation Guidelines (AIG) recommend HAV (two doses) and HBV (three doses) vaccination for all PWID where indicated. However, many consumers of the Medically Supervised Injecting Room (MSIR) have limited access to primary healthcare due to social marginalisation and drug-use stigma, resulting in low rates of screening and vaccination.

Analysis

An on-site HCV diagnosis and treatment program was embedded within the MSIR harm reduction framework to deliver routine serological screening, including HIV-Ab, HCV-Ab/PCR, HBsAg, anti-HBs, anti-HBc, and HAV IgG. Authorised registered nurses administered HAV and HBV vaccinations to susceptible clients, with active follow-up by nurses and HRPs to provide reminders and support vaccine course completion. The program provides low-threshold, opportunistic access to care, complemented by proactive and assertive follow-up for clients requiring additional support to engage with healthcare services.

Results

From baseline data of 650 clients screened for HAV and 639 for HBV over a five-year period. 333(51%) were identified as susceptible to HAV and 167(26%) to HBV. 123(37%) commenced HAV vaccination and 86(51%) commenced HBV vaccination. 50(40%) completed HAV vaccination and 39(45%) completed HBV vaccination in accordance with the AIG schedule. 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 is traditionally difficult to engage, addressing a critical preventive healthcare gap and providing a practical framework for replication in primary care and community settings.

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