

A MOBILE NURSE AND PEER-LED MODEL OF CARE USING POINT-OF-CARE HEPATITIS C VIRUS TESTING FOR PEOPLE IN COMMUNITY CORRECTIONS.

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Approach:

Hepatitis C virus (HCV) is disproportionately represented among people involved in the correctional system and innovative models of care are needed to target this population outside prison.

'C No More' is an 18-month pilot nurse and peer-led mobile clinic using a clinically-equipped van which rotates near three justice service centers, targeting people on community correctional orders (CCOs) across Melbourne.

A hepatitis clinical nurse consultant (CNC) and two peer mentors engage and recruit participants for testing (fingerstick point-of-care HCV antibody and RNA testing), clinical assessment, offer rapid access to direct-acting antiviral (DAA) therapy, provide harm reduction information and supplies, and psychosocial linkage to care. Care is tailored to participant need, including DAA dispensing, assertive follow-up, drop-in access and a nurse hotline. Participants are tested for sustained virologic response (SVR) post-treatment using POC RNA testing.

Argument:

People under community correctional supervision (probation and parole) represent a larger population than those incarcerated. In Australia nearly half of people under CCOs have never been imprisoned, meaning this large population who share similar risk factors for HCV, are not accessing prison-based hepatitis care.

'C No More' provides low-threshold, streamlined, discreet, non-judgmental and no-cost HCV care for individuals under CCOs and their networks.

Outcome:

Between August 2023 and February 2024, 232 participants were tested and 7% (n=16) tested RNA positive. Of 15 issued prescriptions, 93% (n=14) commenced treatment, 25% (n=4) completed treatment, and one reached SVR4. Of the 16 RNA positive individuals, all had lifetime contact with the criminal justice system and 25% (n=4) were on CCOs.

Conclusions:

We engaged high numbers of people in HCV screening and achieved excellent treatment retention. The pilot highlights that tailored nurse and peer-led mobile outreach is effective in testing and diagnosing people who have criminal justice involvement, are disengaged from traditional healthcare services, and require support to access treatment.

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