No One Is Unreachable: A Harm Reduction Nurse-Led Model for Hepatitis C Reinfection and Treatment Completion

Authors: Watson V[1], Rundle K[1], Sharpe P[1]

[1] Rodger Wright Community Clinic, Drug Injecting Canterbury Services Trust, Ōtautahi Christchurch, New Zealand

Background/Approach:
The Rodger Wright Community Clinic (RWCC) was established in 2009 alongside the Rodger Wright Needle Exchange in Ōtautahi Christchurch to improve hepatitis C (HCV) testing and treatment access for people who use or inject drugs. Many face barriers to mainstream healthcare. Our nurse-led model proactively meets clients where they are—at home, in the community, or through our peer staff—ensuring treatment completion.

Analysis/Argument:
The success of direct-acting antivirals (DAAs) has transformed HCV treatment, yet reinfection remains a challenge. RWCC addresses this through:

- Identifying and testing undiagnosed people.
- Re-treating people who have failed previous treatment or been reinfected.
- Offering incentives to those with a known infection but who were lost to care.

Competing priorities like unstable housing, trauma, and substance use often hinder treatment completion. RWCC's flexible outreach—drop-in clinics, home visits, mobile services, and peer support—helps overcome these barriers. Through collaborations with services such as gastroenterology, probation and community services, we ensure seamless access to care. Unlike mainstream providers, we walk alongside our clients through treatment to completion. Our open-door policy means clients receive ongoing support, with no one ever officially discharged from the clinic.

Outcome/Results:
Since February 2019, RWCC has treated over 400 people with Maviret, the sole funded DAA in New Zealand. Our approach has improved retention in care and reduced treatment barriers.

- Maviret reinfection and re-treatment data: Over 10% of all treatments were for reinfection of HCV.
- 2024 testing and engagement success: 36 clients scripted for Maviret and 16 confirmed SVR.

Ongoing engagement and re-treatment options are crucial in eliminating HCV among people who inject drugs.

Conclusions/Applications:
RWCC effectively reaches people who may not access mainstream services, ensuring treatment completion and seamless access to critical re-treatment services.

Expanding outreach and peer-led engagement will further reduce HCV prevalence within the community.

Disclosure of Interest Statement:
AbbVie sponsored some of the consumable hepatitis C testing supplies used in our programme. The authors declare no other conflicts of interest or external funding.