

## **In reach to outreach; a continuum model of hepatitis care**

### **Author:**

Lori A<sup>1</sup>

<sup>1</sup>HepatitisWA

**Background/Approach:** The Deen Clinic is a walk-in health service located in Northbridge, established by HepatitisWA in 2016 to improve screening and treatment for viral hepatitis and other blood-borne viruses (BBVs). Co-located with a Needle and Syringe Program, the clinic operates within a harm reduction framework and provides trauma-informed, culturally safe primary health care for priority populations facing barriers to mainstream services. To address persistent gaps in access, the clinic expanded its model in mid-2023 by joining the National Australian Hepatitis C (HCV) Point-of-Care Testing (PoCT) Program and further evolved in early 2024 to include outreach clinics delivering testing beyond the fixed site.

**Analysis/Argument:** The integrated model embeds BBV testing and treatment within trusted community settings by leveraging NSP staff to provide brief interventions and direct referrals at the point of contact. Clinic-based assessments offer BBV and sexually transmitted infection screening, vaccinations, and holistic primary care, including HCV treatment and hepatitis B management. Introducing PoCT has enabled rapid diagnosis and timely treatment initiation, while outreach delivery has strengthened engagement through consistency, adaptability, and partnerships with homelessness and alcohol and other drug services.

**Outcome/Results:** Between mid-2023 and January 2026, services were delivered across six sites, engaging 463 participants, including 210 through outreach clinics. Among participants, 230 self-reported previous HCV infection. Testing outcomes included 250 antibody tests, with 59 positive results, and 267 HCV RNA tests, with 101 positive results. Eighty participants progressed beyond week 12 of treatment. Strong engagement with Aboriginal and Torres Strait Islander people and individuals experiencing homelessness highlights the model's effectiveness in reaching priority populations.

**Conclusions/Applications:** This model demonstrates that a flexible, outreach-based PoCT test-and-treat approach is feasible and effective within harm reduction and community settings. Integrating primary care, PoCT, and outreach addresses systemic barriers and supports BBV elimination, with potential for scale-up across community correction sites, custodial settings, and regional Western Australia.

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