

# **A One Stop Integrated Model: Full Blood Borne Virus Screening in A Nurse and Peer Led Community Harm Reduction Clinic**

## **Authors:**

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**Background/Approach:** Due to individual and system factors, people who inject or use drugs experience disproportionately high rates of blood borne viruses (BBVs) and sexually transmitted and blood borne infections (STBBI), including hepatitis B and C, HIV, gonorrhoea and syphilis. Despite Aotearoa New Zealand elimination goals, screening pathways for individual BBVs remain siloed, risk associated, leading to missed opportunities for early diagnosis and treatment. We sought to screen every person for comprehensive STBBI who presents to improve treatment initiation, equity and provide broader health outcomes in a trusted, stigma free setting.

**Analysis/Argument:** In mainstream healthcare, STBBI screening can be contingent on disclosure of risk-based behaviours, such as injecting drug use or sex work. People who inject or use drugs are a highly stigmatised group who may feel they cannot disclose their drug use in a mainstream healthcare setting or are not provided a safe environment to ask for full STBBI screening. This can lead to missed prevention and diagnosis opportunities. Integrating routine, comprehensive STBBI screening within a trusted, harm reduction clinic alongside peer support normalised and destigmatises the process.

**Outcome/Results:** From October to December 2025, we conducted 38 comprehensive STBBI screens at the Rodger Wright Community Clinic. A significant number of those screened had not previously accessed or been offered full STBBI screening, had been a dedicate without serological testing or been offered a hepatitis B vaccination despite being non-immune. Multiple presentations were detected, including hepatitis C, gonorrhoea and syphilis, and treated on site within our trusted setting, leading to comprehensive treatment initiations and sustained virological response.

**Conclusions/Applications:** Full STBBI screening and treatment within a nurse and peer led harm reduction setting for people who inject or use drugs is a practical and effective model that advances elimination goals, reduces stigma and inequity by removing system and structural barriers to care.

## **Disclosure of Interest Statement:**

The authors declare no conflicts of interest relevant to this work.