

A NURSE-LED, COMMUNITY BASED MODEL OF HEPATITIS C CARE IN MELBOURNE, AUSTRALIA; 2017-2018

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Background: Hepatitis C virus (HCV) testing and treatment at community based services', including alcohol and other drug, mental health and homeless services, will be a critical component of HCV elimination goals. We conducted a retrospective analysis of a nurse-led service at nine sites to evaluate progression through the HCV care cascade during 2017 and 2018.

Methods: Clients from nine sites in both inner and outer metropolitan areas were either referred to or engaged by nurses directly during regular visits. Nurses' provided HCV education, testing and follow-up services. Clients who tested HCV RNA positive were contacted by the nurse to discuss treatment, and prescription was provided by an affiliated doctor or nurse practitioner.

Results: Overall, 569 clients were referred and/or engaged by the HCV nurses during 2017 and 2018. HCV testing was completed by 459 people of whom 354 (77%) were HCV RNA positive. Of those who were HCV RNA positive, 240 (68%) reported recent injecting drug use and 191 (54%) reported a diagnosed mental health illness. A total of 251 (71%) were known to have commenced treatment; the majority, 169 (71%), were prescribed treatment by a general practitioner or nurse practitioner rather than a specialist gastroenterologist or infectious disease physician. By the end of 2018, 169 people who had commenced treatment were eligible for sustained virological response (SVR) testing among whom 96 (57%) had a test; all were HCV RNA negative.

Conclusion: HCV testing and treatment through a nurse-led community based model of care is feasible and effective. Despite this, more work is needed to identify how drops in the HCV care cascade regarding treatment uptake may be overcome, including through the combined use of point of care rapid testing and same day treatment prescription. Similarly, efforts to increase follow-up testing for SVR are warranted.

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