MISSING PIECE OF THE PUZZLE: BRIDGING THE GAP AND BRINGING HEPATITIS C TESTING AND TREATMENT TO COMMUNITY CORRECTIONS FOR PEOPLE WHO INJECT DRUGS

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Background:

The prevalence of hepatitis C (HCV) is higher among people in correctional settings than in the general community. This is primarily due to the over-representation of people who inject drugs (PWID), lack of integrated coordination and access to broader healthcare. For people reporting to community corrections, these existing barriers are resulting in significantly poorer health outcomes.

Model of care/intervention:

Hepatitis Queensland, in collaboration with Redlands Community Corrections, has established a monthly hepatitis C testing and treatment clinic. The unique model provides a one-stop shop with access to a GP, Community Outreach Nurse with Fibroscan, and phlebotomy onsite at district offices. This model allows for regular screening for those at risk and promotes continuous, uninterrupted engagement, treatment and monitoring for people living with hepatitis C and reduces rates of DAA (direct-acting antiviral agent) treatment interruption or discontinuation.

Effectiveness:

Since August 2020, the clinic has seen 55 clients present for testing and treatment. Of these, 27 clients were HCV serology positive, all of whom have previously or currently inject drugs. Fourteen out of the 27 were HCV RNA positive and linked to care and initiated on DAA treatment. Three clients were referred to a specialist for treatment. The clinic has successfully engaged 100% of RNA positive clients on treatment through the efforts of the Community Outreach Nurse in providing person-centred follow-up care and support. Six clients have already completed treatment with a further four clients expected to complete before September 2021.

Conclusion and next steps:

Clinics in Community Corrections offices represent not just a significant public health opportunity to enhance the health outcomes of people living with hepatitis C but is bridging the gap for people who are not currently engaged in standard models of care in the community. This project has demonstrated that onsite clinics at Community Corrections are a unique and essential setting for PWID to access care.

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