

## **INTEGRATING ALL MODALITIES OF HEPATITIS C TESTING INTO A COMPREHENSIVE MODEL FOR THE NSW CORRECTIONAL SYSTEM**

**Bloomfield M<sup>1, 2, 4</sup>, Wright T<sup>1, 3</sup>**

Justice Health and Forensic Mental Health Network<sup>1</sup>, Australian Hepatitis Association<sup>2</sup>, International Network on Health and Hepatitis in Substance Users<sup>3</sup>, Australasian Sexual Health and HIV Nurses Association<sup>4</sup>

### **Background:**

In order to stay on track towards meeting elimination goals by 2030, HCV testing in NSW will need to be scaled up. Historically patients entering the NSW custodial system were screened if risks were identified and listed for venipuncture testing for Hepatitis C along with other BBV's and STI's as indicated. There are approximately 14,000 people in custody in NSW at any given time this population has a high turnover. Recent testing using different technologies include Dried Blood Spot (DBS) and more recently Point of Care Testing (POCT) has indicated that the prevalence rate of HCV is between 10-13 %.

### **Methods:**

The Network have observed strengths and limitations to each testing modality when applied in the Custodial Environment.

- Venepuncture – holistic screening for patients particularly those requiring complex care, the downside to this conventional approach is it can be slow, requires clinic space, patients with poor venous access.
- DBS – allows high volume testing outside the clinical environment (in yards/wings) using capillary testing.
- POCT – Ability to identify positive patients quickly at reception and offer a treatment pathway for those only in custody for a short period of time. Patients who are identified HCV pcr positive are the only patients recalled.

### **Results:**

The Network tested approximately 13 000 people in the 2019/20 financial year as part of their broad BBV and STI screening offering a good comprehensive level of testing for these. 1000-1500 people are being tested in yards and wings using DBS a year allowing a low threshold outreach model of testing that can be targeted to areas of increase risk. Over the first 6 weeks of POCT an additional 35 positive patients were identified and placed on a treatment pathway whilst on remand

### **Conclusion:**

No single testing model is best suited to the Custodial environment. For HCV elimination to be achieved integrated testing models in the Custodial environment will need to be fully utilized.