

HEPATITIS C TREATMENT UPTAKE FOLLOWING A HEPATITIS C POINT-OF-CARE TESTING “BLITZ” AT A PRISON IN QUEENSLAND, AUSTRALIA: THE WOODFORD PRISON TESTING CAMPAIGN

Authors:

O’Flynn M¹, Young M¹, Nguyen W², Grimstrup D³, Markus C⁴, Martinez M⁵, Silk D⁵, Comben S⁵, Lloyd A⁵, Cunningham E⁵, Grebely J^{5*}, and O’Loan J^{1*}

¹Kombi Clinic, Brisbane, Australia, ²Hepatitis Queensland, Brisbane, Australia, ³Queensland Injector Health Network (QIHN), Brisbane, Australia, ⁴Flinders University International Centre for Point-of-Care Testing, Flinders Health and Medical Research Institute, Flinders University, Adelaide, Australia, ⁵The Kirby Institute, UNSW Sydney, Sydney, Australia

Background:

Increasing HCV testing is hampered by current diagnostic pathways requiring multiple visits and frequent loss to follow-up, amplified in key populations, such as people in prison. This study evaluated treatment uptake following an HCV point-of-care testing “blitz” (testing campaign) at one prison in Queensland, Australia.

Methods:

This observational study included people receiving point-of-care HCV RNA testing at one male prison in Queensland, Australia (n=1,080). Testing occurred over nine days (28 March–5 April 2022), with one prison lockdown day where testing did not occur. The project was conducted through a partnership with the health department, corrections, an outreach clinic, community-based organisations, point-of-care training/quality assurance providers, and researchers. Participants received point-of-care HCV RNA testing (Xpert HCV Viral Load Fingerstick testing with four GeneXpert IV platforms), linkage to nursing/physician care, and HCV treatment. The primary outcome was HCV treatment uptake in the four weeks following testing.

Results:

Between 28 March 2022 and 5 April 2022, 673 males received HCV testing (median age, 35 years; 25% Aboriginal and/or Torres Strait Islander; 69% history of injecting drug use), representing 62% of the prison population. Overall, 99% had valid test results (n=668) and 27% (182/668) had detectable HCV RNA. 47% (85/182) had previously received HCV treatment. HCV DAA therapy was prescribed to 98% (179/182) of people in the four weeks following testing and 89% (162/182) have initiated treatment.

Conclusions:

Point-of-care HCV RNA testing provided through a short-duration testing “blitz” can achieve large numbers of people tested and treated. Collaborative partnerships between stakeholders were critical. The high proportion having previously received treatment suggests a high reinfection rate, indicating a need for enhanced prevention and treatment scale-up in prisons. Further work is needed to evaluate the effectiveness and cost-effectiveness of this intervention as a strategy to scale-up of HCV testing/treatment in prisons to facilitate HCV elimination.

Disclosure of Interest Statement:

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