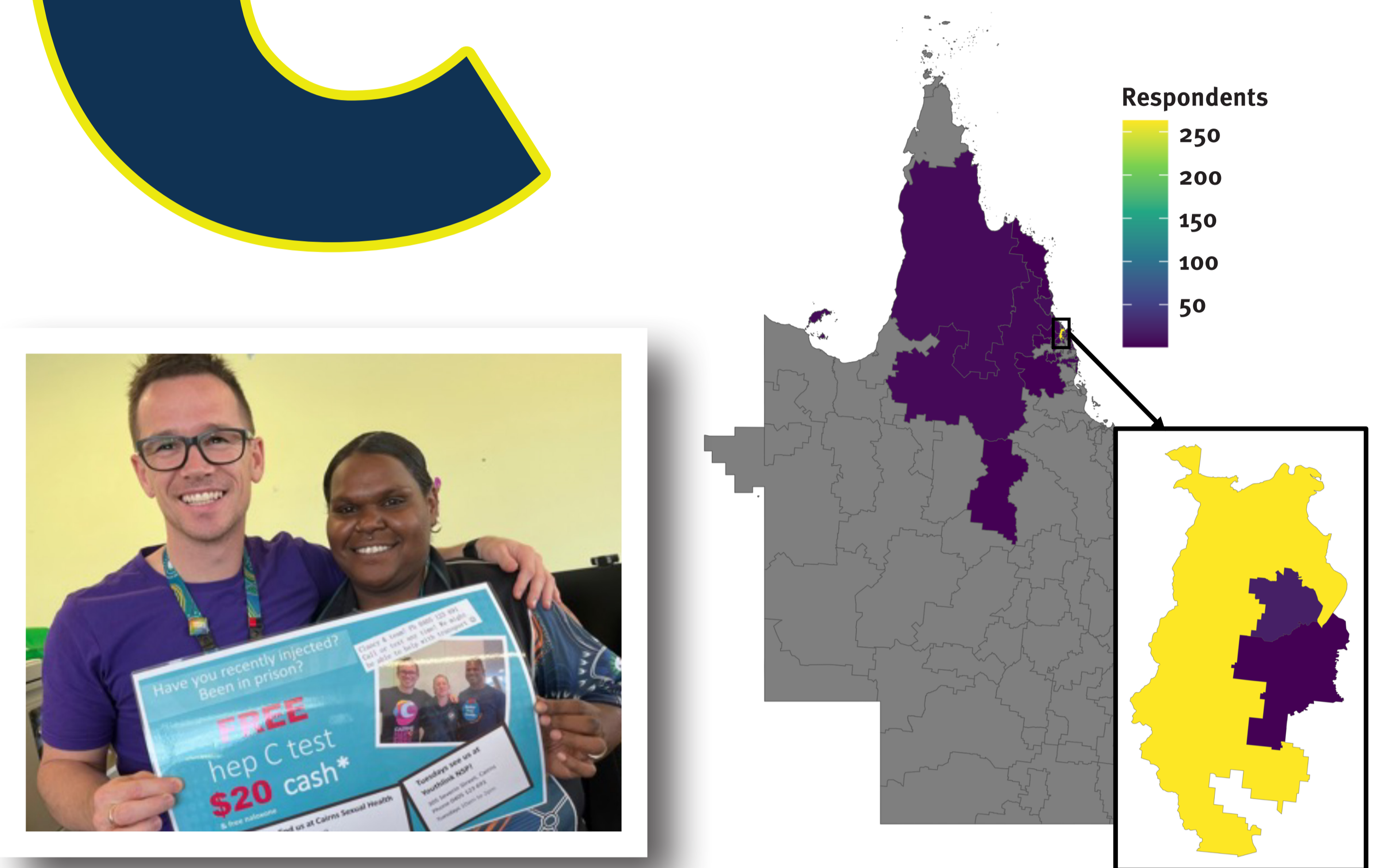


# Preparing for the final phase of elimination: a test-and-treat approach to micro-elimination of hepatitis C in Cairns, Australia

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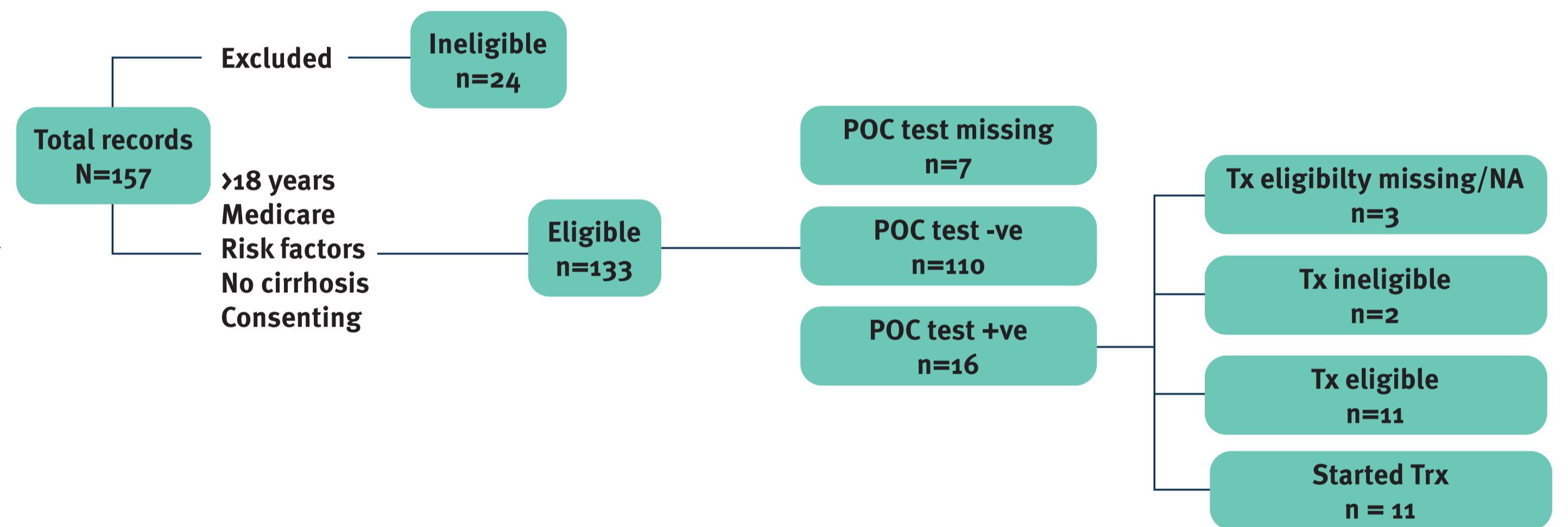
## BACKGROUND

Cairns and Hinterland in Queensland, Australia, has a population of approximately 259,000 and was one of the first locations to lead a hepatitis C micro-elimination response in Australia. Between 2016-2020, 1,368 people received treatment and HCV RNA prevalence in a community sample of people who inject drugs dropped from 26% to 4%. However, in 2019 an outbreak in the local prison seeded a resurgence of new infections in the community, particularly among Aboriginal and Torres Strait Islander populations. Efforts to identify people with hepatitis C and link them to treatment in a timely manner are critical to elimination efforts.



## METHODS

The 'Final Phase of Elimination' program includes a same-day test & treat trial, which delivers rapid point-of-care (POC) RNA testing 60 minutes (GeneXpert®) and simplified same-day dispensing of treatment to reduce time to cure using a nurse-led approach, incentives, and peer-support.



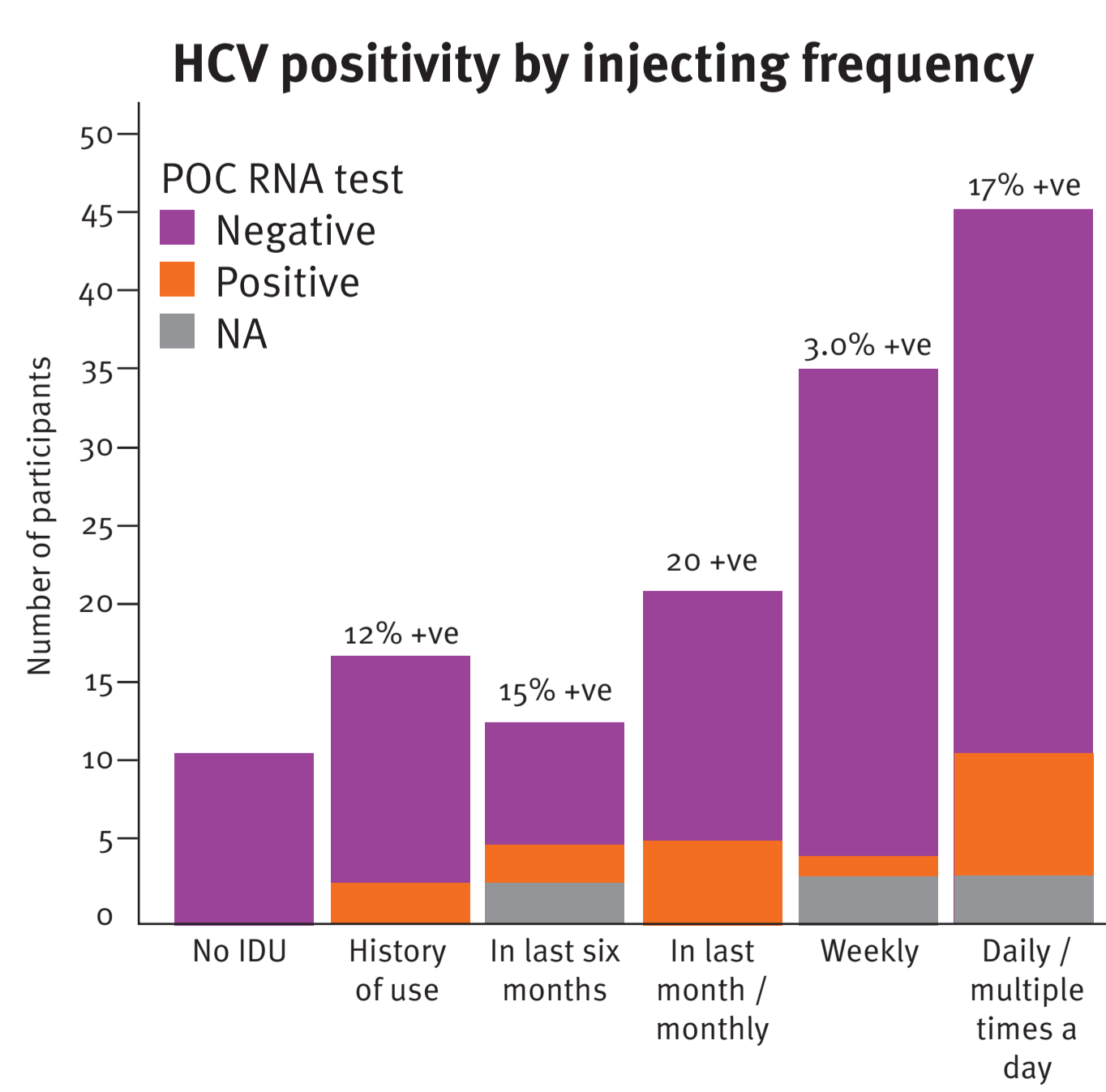
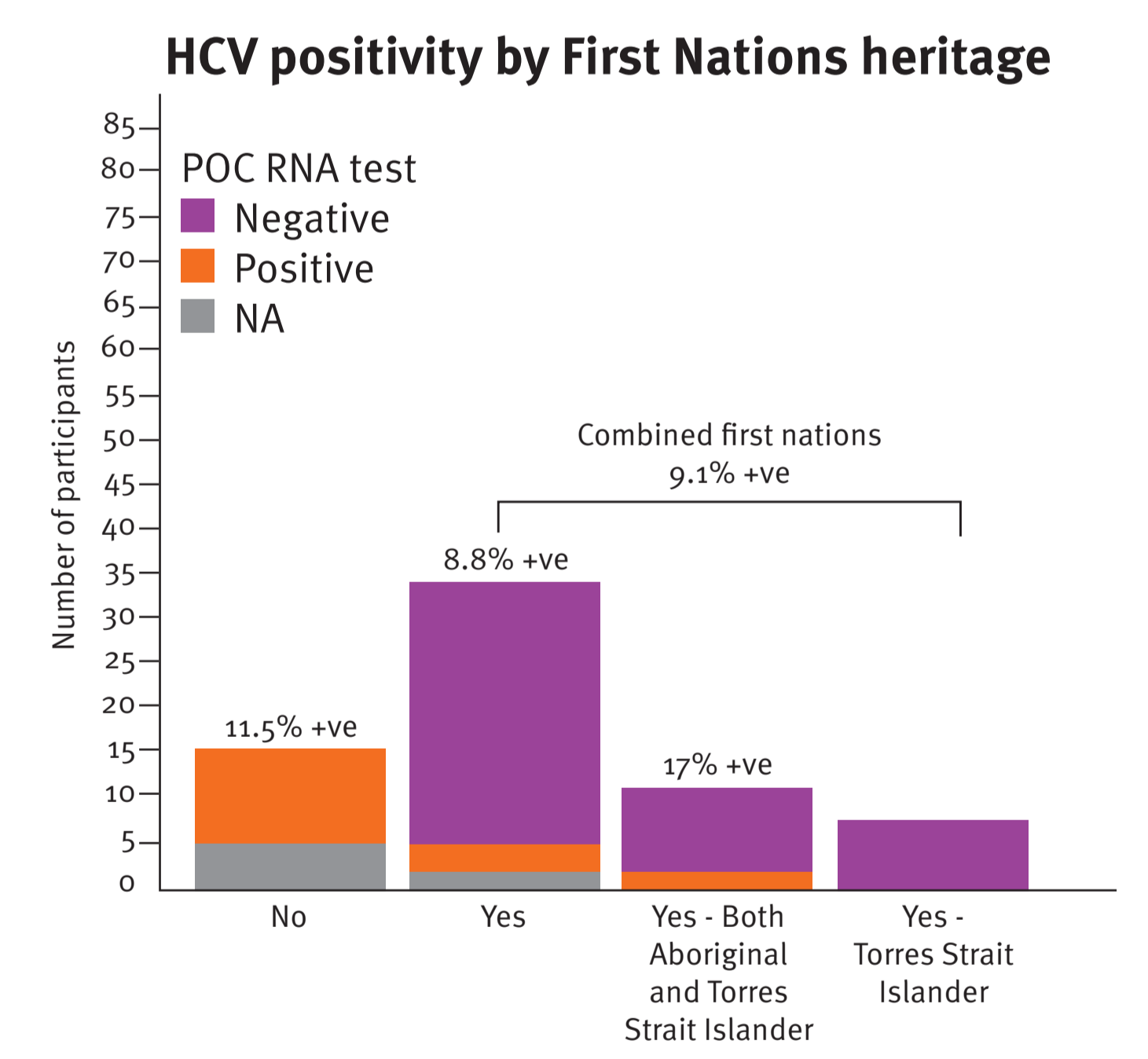
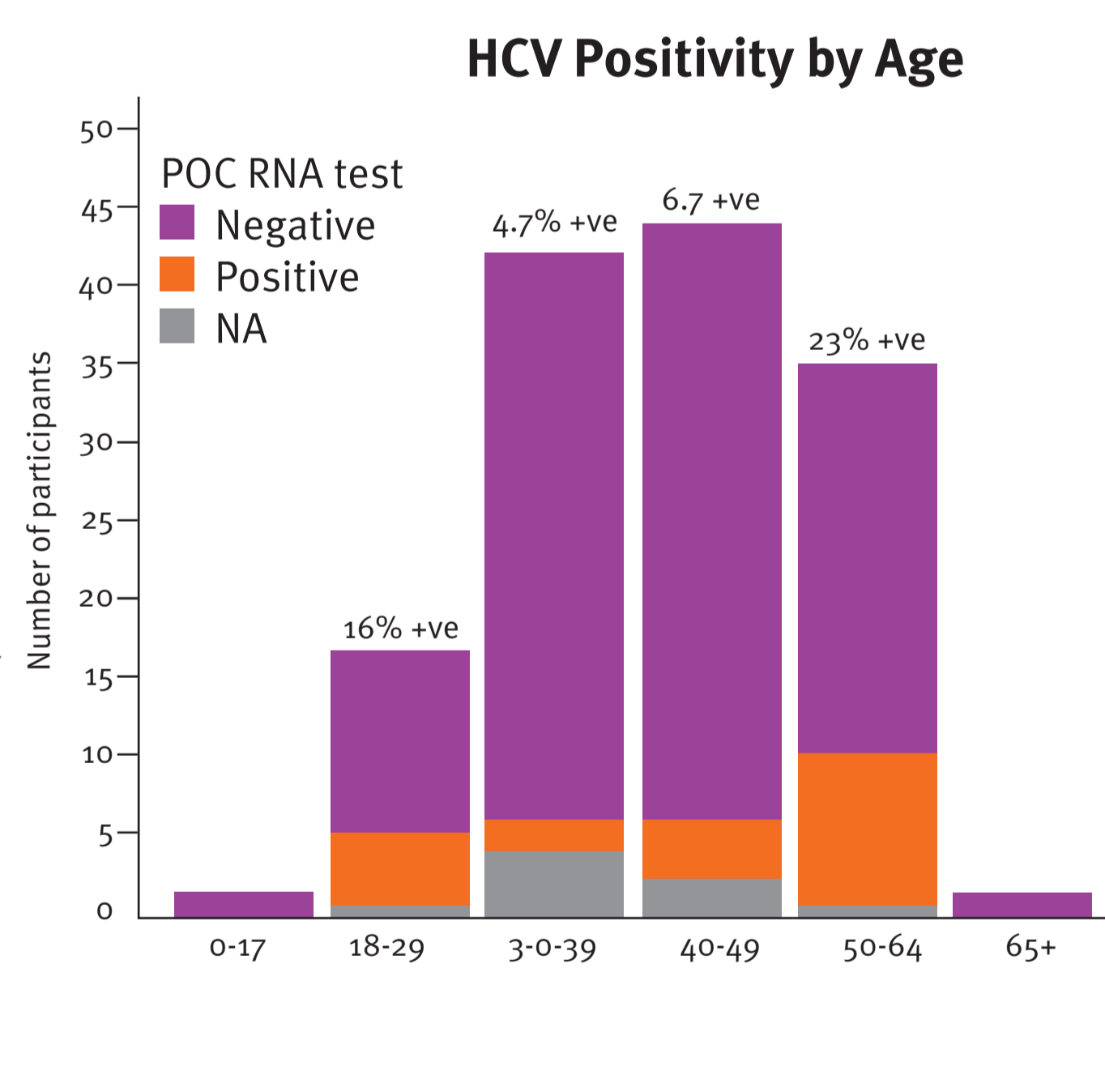
## RESULTS

From July 2022-August 2023, 157 participants were screened with 133 of these were eligible and completed POC RNA testing. Median age was 41 years (range 16-63 years), majority were male (59%), unemployed (80%), 34% were experiencing homelessness or in supported/crisis accommodation.

Over a third (40%) were Aboriginal and/or Torres Strait Islander, the majority had injected drugs in the past month (74%), mostly methamphetamine (81%).

Over half (57%) had a history of incarceration – of whom 65% had been tested while in prison. Of the 133 tested, 16 were RNA positive (12%), 11 were eligible for same-day treatment, with all initiating treatment (median time to script was 7 days, range 0-45 days).

HCV positivity was highest in the 50-64 year age group (23%) and frequent injectors. This model engaged a high proportion of new clients (65%) by offering POC testing along with cash incentives. 13.3% of men tested were positive, compared with 8.5% for women.



### HCV treatment outcomes

Variable	N = 16 <sup>1</sup>
<b>Trial drug eligible</b>	
Missing	2 (13%)
Ineligible	2 (13%)
Not applicable	1 (6.3%)
Yes	11 (69%)
<b>Treatment initiated</b>	
No	5 (31%)
Yes	11 (69%)
<b>Time from enrollment to treatment start (days)</b>	
Median (Range)	7 (0, 45)
Mean (IQR)	14 (1, 24)
NA	5
<b>SVR result</b>	
Negative	4 (25%)
Missing	7 (44%)
NA	5 (31%)

## CONCLUSIONS

This study engaged high risk participants (those with unstable accommodation, frequent injecting drug use, those with a history of imprisonment) using \$20 cash and peer support. Majority of people commenced treatment, our model was effective at encouraging rapid treatment initiation (average of within 7 days), with a number of clients provided with treatment on their test day. Our study highlights that nurse led HCV programs with the support of First Nations Health Workers and Peer Support are able to breakdown barriers to treatment.