"C No More"

A MOBILE NURSE AND PEER-LED MODEL OF CARE USING POINT-OF-CARE HEPATITIS C VIRUS TESTING FOR PEOPLE IN COMMUNITY CORRECTIONS.

Reid B, Winter R, Griffin S, Holmes J, Dicka J, Craigie A, Callus A, Belzer M, Whitton B, Papaluca T, Stoové M, Hellard M, Thompson A J.

Approach:

Hepatitis C virus (HCV) is disproportionately represented among people involved in the correctional system and innovative models of care are needed to target this population outside prison.

'C No More' is an 18-month pilot nurse and peer-led mobile clinic using a clinically-equipped van which rotates near three justice service centers, targeting people on community correctional orders (CCOs) across Melbourne.

A hepatitis CNC and two peer mentors engage and recruit participants for:

- Testing (fingerstick point-of-care HCV antibody and RNA testing)
- Clinical assessment and specialist follow up where appropriate
- Rapid access to direct-acting antiviral (DAA) therapy
- Harm reduction information and supplies
- Psychosocial linkage to care.

Care is tailored to participant need, including DAA dispensing, assertive follow-up, drop-in access and a nurse hotline. Participants are tested for SVR post-treatment using POC RNA testing.

Argument:

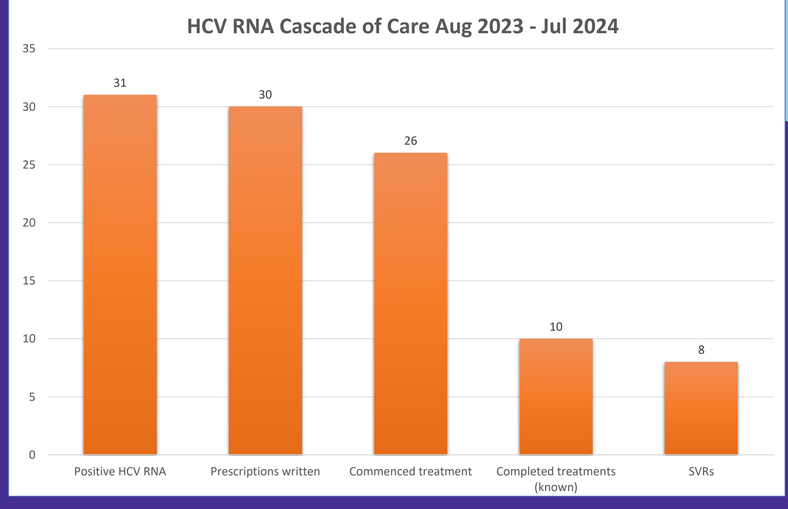
- People under community correctional supervision (probation and parole) represent a larger population than those incarcerated.
- In Australia nearly half of people under CCOs have never been imprisoned, meaning this large population who share similar risk factors for HCV, are not accessing prison-based hepatitis care.
- 'C No More' provides low-threshold, streamlined, discreet, non-judgmental and no-cost HCV care for individuals under CCOs and their networks.

"I probably wouldn't have even done this if I hadn't have been walking out of corrections and you know they asked me if I wanted to, you know, the hep C treatment I was like, yeah why not."

Use QR code to find more information on C No More rationale and model of care.

Outcome:

Between August 2023 and July 2024, 504 participants were tested and 6% (n=31) tested RNA positive.



Conclusion:

We engaged high numbers of people in HCV screening and achieved excellent treatment retention. The pilot highlights that tailored nurse and peer-led mobile outreach is effective in testing and diagnosing people who have criminal justice involvement, are disengaged from traditional healthcare services, and require support to access treatment.

Acknowledgements

This study was funded by Gilead Sciences Pty Ltd via an independent medical grant. The views expressed in this publication are those of the authors and do not necessarily represent the position of Gilead Sciences. Funding and in-kind support for C No More has been received by St Vincent's Hospital Melbourne, a National Health and Medical Research Council Synergy Grant, the Victorian Department of Health and the National Point of Care Testing Program (Kirby Institute).