

# Hard-to-reach or Hardly Reached?

Redefining hepatitis C treatment delivery to fit client needs



People in correctional settings are more likely to be living with hepatitis C compared to the general community. This is due to the overrepresentation of people who inject drugs, and a lack of integrated coordination and access to broader healthcare. For people reporting to community corrections, these barriers result in poorer health outcomes. To address this problem, Hepatitis Queensland held monthly onsite hepatitis C testing and treatment clinics at three Community Corrections locations.

### Success Factors

Our project provided a one-stop shop with onsite support.

- Presence of General Practitioners
- Community Outreach Nurse provided FibroScans®
- Point-of-care testing
- Phlebotomy services



## Outcomes

**36**  
clinics run.



**33**  
clients were  
scripted through the  
Hepatitis QLD program.



**183**  
Community Corrections  
clients screened.



- 66% of all clients reported past/ present injecting drug use.

**6**  
clients were  
referred to a  
specialist.



**14**  
clients  
completed  
treatment.



**44**  
clients tested  
positive for HCV RNA.



- 24% positive vs 1% in the general population.

## Learnings

✓ Hepatitis C testing and treatment clinics in community corrections settings are a significant public health opportunity, bridging the gap for people not engaged in standard community models of care.

✓ The clinic model can be easily replicated.

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