

CHRISTINE RODER (Orcid ID : 0000-0002-3516-887X)

DR. AMANDA JANE WADE (Orcid ID : 0000-0002-8499-8490)

Article type : Letter to the Editor

Psychiatrists can treat hepatitis C

Authors

Christine Roder^{a,b,e}, Paul Nguyen^f, Craig Harvey^c, Margaret Wardrop^a, Jane Finlay^c, Lekan Ogunleye^d, Harry Hill^{d,e}, Eugene Athan^{a,e}, Amanda J. Wade^{a,b}

Affiliations

^aDepartment of Infectious Diseases, Barwon Health

University Hospital Geelong, Ryrie and Bellarine St, Geelong, VIC, Australia, 3220

^bDisease Elimination Program, Burnet Institute

85 Commercial Rd, Melbourne, VIC, Australia 3004

^cHarm Reduction Services, Barwon Health

Level 1, 126 Little Malop St, Geelong, VIC, Australia 3220

^dMental Health Drugs and Alcohol Service, Barwon Health

Level 1, 126 Little Malop St, Geelong, VIC, Australia 3220

^eSchool of Medicine, Deakin University

75 Pigdons Rd, Waurn Ponds, VIC, Australia 3216

^fDepartment of Medicine, Barwon Health

University Hospital Geelong, Ryrie and Bellarine St, Geelong, VIC, Australia, 3220

Corresponding author:

Dr Christine Roder, c.roder@deakin.edu.au,

Infectious Disease Researcher, Department of Infectious Disease, Barwon Health, Ryrie St, Geelong, VIC 3220, Australia

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/JVH.13622](https://doi.org/10.1111/JVH.13622)

This article is protected by copyright. All rights reserved

Declarations

AW has previously received funding from AbbVie for Investigator initiated research.

This funding is unrelated to the work reported in this paper.

All other authors declare they have no known competing financial interests or personal relationships that could have the appearance of influencing the work reported in this paper.

Keywords: hepatitis C, people who inject drugs, care cascade, models of care, community treatment

We read the article by Harney and colleagues with interest¹. Harney presents a model of nurse-led hepatitis C treatment, within a co-located mental health and drug and alcohol service, at which nurse or general practitioners (GP) prescribe direct acting antivirals (DAAs). The study found that integration of hepatitis C care into a service supporting people with severe mental illness achieved high rates of treatment uptake, and cure¹.

We recently evaluated the first year of a hepatitis C testing and treatment service, within our co-located drug and alcohol service, and needle and syringe program (NSP), at which psychiatrists prescribe DAAs. Located in Geelong, Victoria, the new service involved harm reduction staff offering hepatitis C testing at the NSP, on-site pathology collection, weekly hepatitis C nurse clinics, DAAs prescribed by on-site psychiatrists (or linkage to treatment elsewhere), and a weekly interdisciplinary meeting supported by an infectious diseases physician.

Eighty-three people were referred to the service between November 2018 and November 2019. The mean age was 39; 64% were male. Eighty people (96%) reported ever injecting drugs, 70 (88%) reported current injecting and 25 (30%) were on opioid substitution therapy when referred. Fifty-eight people (70%) gained a hepatitis C diagnosis; 39 had hepatitis C, 12 had been previously exposed and seven had never been exposed. Sixty-two percent (24/39) received a DAA prescription provided by; an on-site psychiatrist (14, 58%), a specialist (6, 25%), an on-site OST trained GP (3, 13%), and a community GP (1, 4%). Fourteen patients (58.3%) had SVR12 tests; 13 (93%) were not detected, 1 was detected, and re-infection was a differential. To achieve this cascade, service staff made a total of 684 contacts, or contact attempts, via phone, text, letters, discussion with caseworkers and face-to-face appointments (median 6 times per person; range 1-35).

Our model of care recruited harm reduction staff to test for hepatitis C, and psychiatrists to prescribe DAAs, and resulted in high rates of treatment uptake.

This article is protected by copyright. All rights reserved

Increasing points of access for hepatitis C testing by training health care workers, and creating interdisciplinary hepatitis C services by recruiting DAA prescribers that interface with priority populations, is critical to achieving health service equity. Most studies integrating hepatitis C care into mental health services report co-location of nurse practitioners, GP prescribers or referral to specialists^{1,3}. Recruiting health care workers that interface with priority populations to test and treat hepatitis C will help achieve the WHO elimination targets.

References

- 1 Harney, B. L. *et al.* Hepatitis C treatment in a co-located mental health and alcohol and drug service using a nurse-led model of care. **28**, 771-778 (2021).
- 2 Scott, N. *et al.* (Elsevier, 2018).
- 3 Winetsky, D. *et al.* Psychosocial Factors and the Care Cascade for Hepatitis C Treatment Colocated at a Syringe Service Program. **222**, S392-S400 (2020).