MAJOR REDUCTION IN THE POPULATION PREVALENCE OF CHRONIC HEPATITIS C VIRUS (HCV) AMONG PEOPLE WHO INJECT DRUGS ASSOCIATED WITH SCALE-UP OF DIRECT-ACTING ANTIVIRAL THERAPY IN SCOTLAND: EVIDENCE ON HCV ELIMINATION TARGETS

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Background:
In 2019, the Scottish Government committed to eliminating HCV infection as a major public health concern by 2024, in advance of the WHO global target (2030). Expansion of direct acting antivirals [DAAs] for people who inject drugs (PWID) is essential to achieve elimination. We previously demonstrated the impact of major scale-up of DAAs on chronic HCV prevalence among PWID in Scotland: Tayside, the region with the largest scale-up of DAAs, had the greatest decline in prevalence (>70%, between 2013-14 and 2019-20) compared to other Scottish regions. However, there was also evidence that reinfection rates increased in the early phase of DAA scale-up, especially in Tayside. The impact of the COVID-19 pandemic on DAA uptake in Scotland, and consequently on progress towards elimination, is unknown.

Methods:
The Needle Exchange Surveillance Initiative (NESI) is a national survey of PWID conducted biennially since 2008 across mainland Scotland, involving a questionnaire and blood spot sample (tested anonymously for HCV-antibodies and HCV-RNA) undertaken on 2,000-2,500 participants per survey. Here, we include data from the latest survey (2022-23).

Results:
Uptake of DAAs (ever) in Tayside increased to >80% by 2022-23. During 2015-16 to 2022-23, chronic HCV prevalence in Tayside declined by 91% (from 32% to 3%), thereby exceeding the WHO target of an 80% reduction in HCV viraemia from 2015.

Conclusion:
Our findings suggest that, despite an intervening pandemic, further scale-up of DAAs has achieved HCV elimination among PWID in the Tayside region of Scotland. This is important evidence to demonstrate it is feasible to achieve population-level reductions in chronic HCV prevalence among people actively injecting drugs, aligned to WHO target of reducing HCV viraemic prevalence by 80% among PWID.

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