TEN-FOLD INCREASE IN HCV TREATMENT UPTAKE AMONG PEOPLE WHO INJECT DRUGS FOLLOWING BROAD ACCESS TO DAA THERAPIES IN AUSTRALIA

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Background: Prior to direct-acting antiviral (DAA) therapy, ~1-2% of people who inject drugs (PWID) were treated for HCV annually in Australia. This study examined HCV treatment uptake and associated factors among PWID in October 2016, seven months after DAA therapies were listed on the Pharmaceutical Benefits Scheme.

Methods: The Australian Needle Syringe Program Survey (ANSPS) is cross-sectional sero-surveillance project conducted annually. Participation involves self-completion of a behavioural questionnaire and provision of a dried blood spot for HIV/HCV serological testing. Recent (last 12 months) treatment uptake was estimated among HCV antibody positive respondents after adjusting for cleared infection (-25% for spontaneous clearance and -55% for prior treatment-induced clearance). Multivariable logistic regression examined factors associated with recent treatment uptake.

Results: Among n=1,019 antibody positive respondents and after adjusting for cleared infection, 20% (n=143) of respondents reported recent treatment uptake in 2016. Respondents who reported spontaneous clearance (n=104) or prior treatment induced clearance (n=31) were excluded. Factors independently associated with recent treatment among remaining respondents (n=884, 69% male, median age 42 years) included: older age (36-45yrs AOR 1.84, 95% CI 1.02-3.31, p=0.042; >45yrs AOR 3.37, 95% CI 1.90-5.95); current opioid substitution therapy (AOR 1.92, 95% CI 1.31-2.81) and <daily injection (AOR 1.88, 95% CI 1.28-2.76, p=0.001). Notwithstanding higher treatment uptake among respondents who injected <daily (21%), one in ten (11%) respondents who injected daily or more frequently reported recent treatment. Five of ten HIV/HCV co-infected respondents reported recent treatment (AOR 6.51, 95% CI 1.76-24.07, p=0.005).

Conclusions: This study is the first to demonstrate a rapid and significant increase in HCV treatment among PWID following broad access to DAA therapies. Assuming successful treatment in the majority of cases, the pool of active HCV infection among Australian PWID may have declined by up to 20% within the first 12 months of availability of DAA therapy.

Note: HCV RNA testing is underway but currently incomplete. Existing estimates for spontaneous and treatment induced clearance and the pool of active infection will be updated with serologically confirmed data if this abstract is accepted.

Disclosures

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