



COMPARISON OF OUTCOMES OF PARTIALLY DECENTRALISED HCV CARE IN PRIMARY HEALTHCARE SITES FOR PWID AND NON-PWID POPULATIONS IN MALAYSIA: THE HEAD-START PROJECT

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ACKNOWLEDGMENTS



We would like to acknowledge and thank all study participants including the people who inject drugs who have generously participated in this research.

DISCLOSURE OF INTEREST



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INTRODUCTION

BACKGROUND AND STUDY OBJECTIVES

Malaysia is an upper middle-income country with a population of more than 32 million people and an estimated HCV seroprevalence in the general population between 0.3% and 2.5%. People who inject drugs represents 0.24% (75 000) of the adult population but are disproportionately affected by HCV (prevalence of 67.5% - 89.9%)

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FIND, in partnership with the Malaysian Ministry of Health (MoH) and the Drugs for Neglected Diseases *initiative* (DNDi), developed a pilot project to catalyse the scale-up of a partially decentralised and simplified HCV testing algorithm.

INTRODUCTION

GEOGRAPHICAL DISTRIBUTION OF STUDY SITES IN MALAYSIA



METHODS

HCV CARE PATHWAY AT PHCS AND HOSPITALS IN THREE REGIONS IN MALAYSIA

Settings

25 primary healthcare clinics in 3 regions

Screening

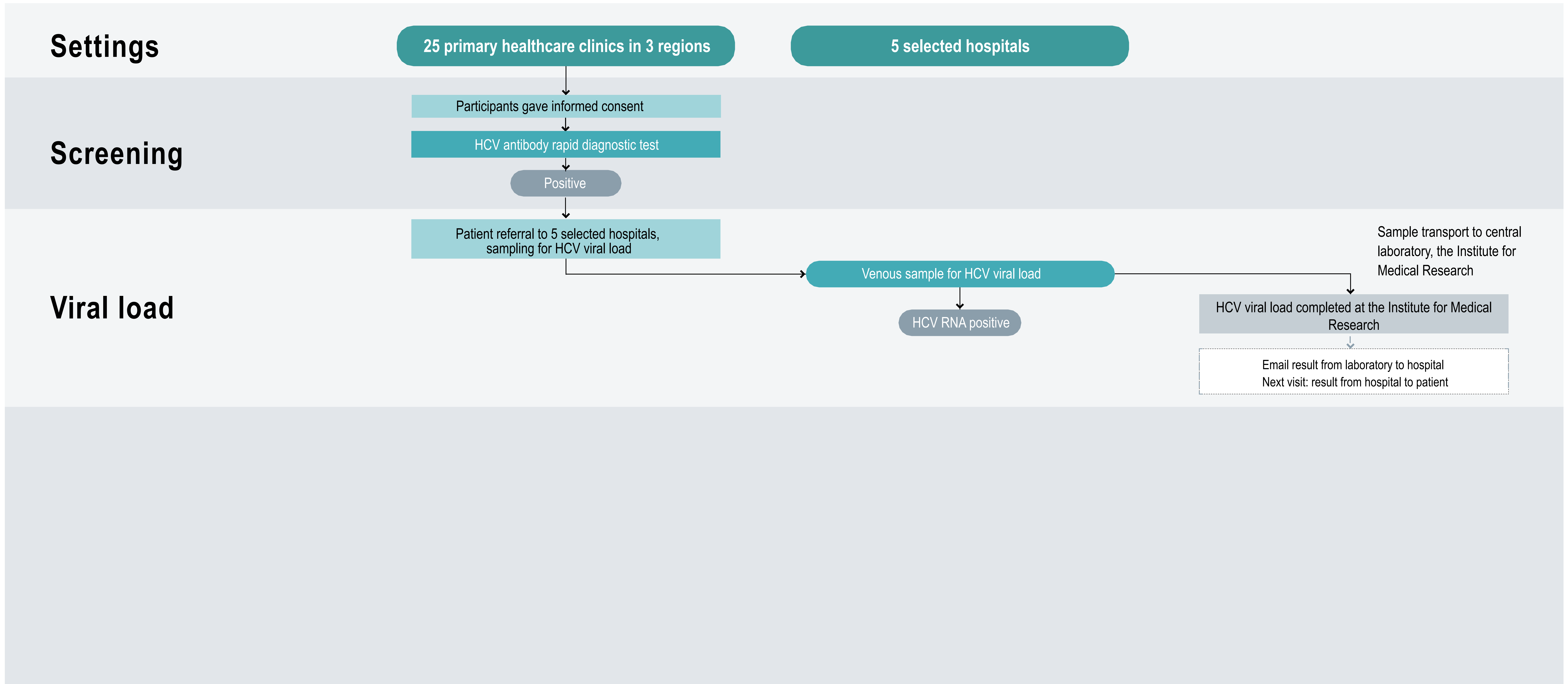
Participants gave informed consent

HCV antibody rapid diagnostic test

Positive

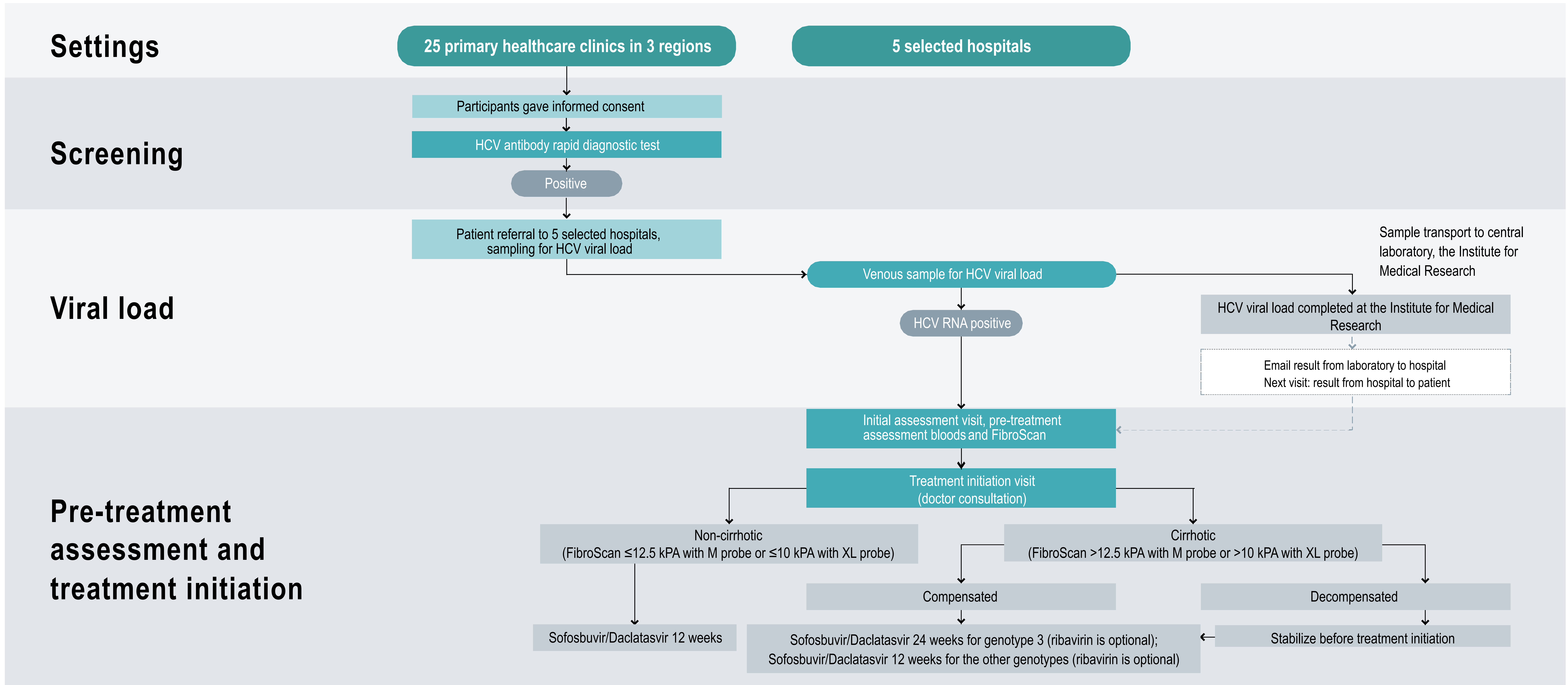
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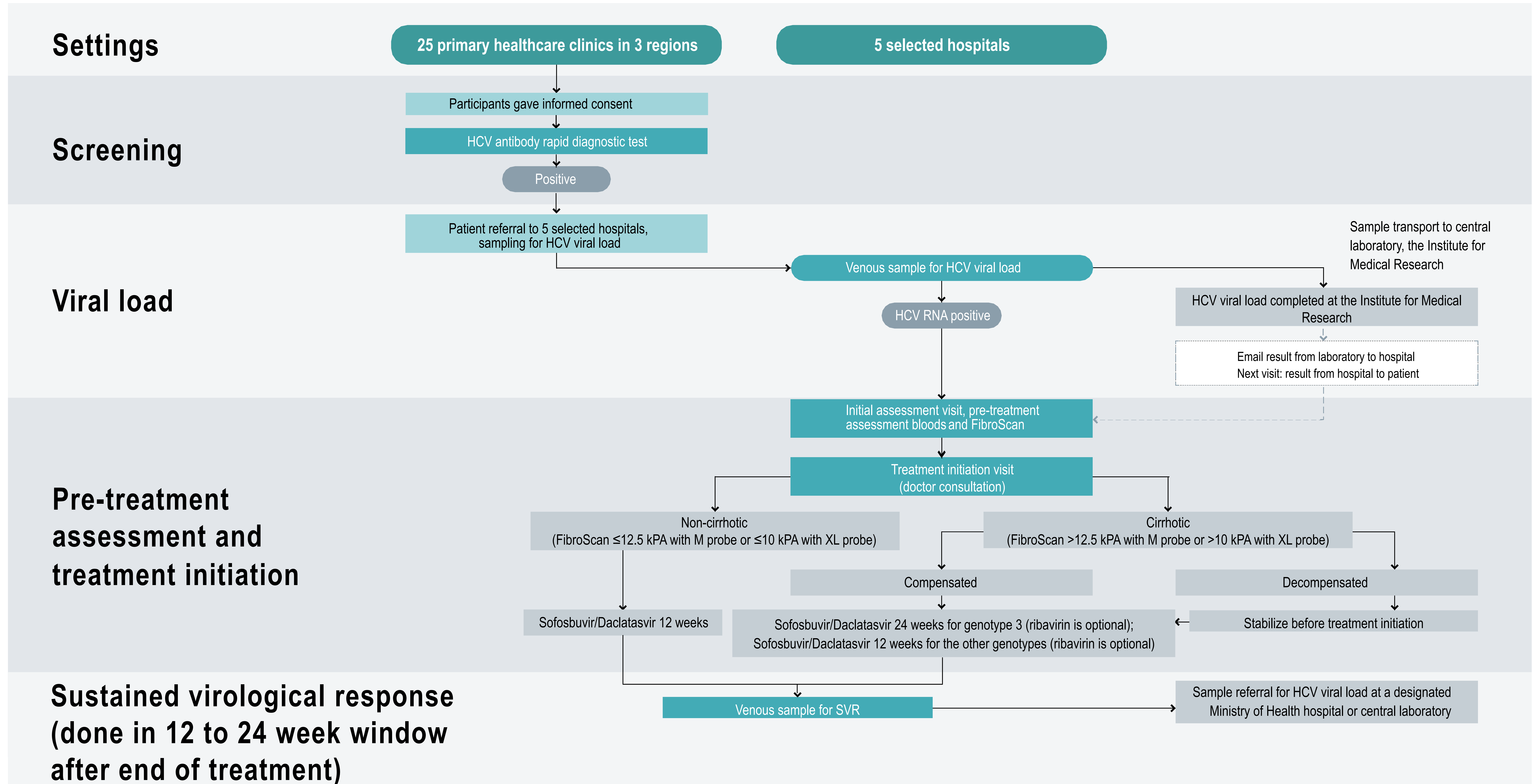
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RESULTS

PATIENT CHARACTERISTICS AND ASSOCIATION WITH HCV RDT RESULTS

	Total screened	Positive RDT	Negative RDT	Multiple logistic regression (RDT+ versus RDT-)	
	# Total (% Total)	# Positive (% Positive)	# Negative (% Negative)	OR (95%)	Adjusted p-value
OVERALL	15366 (100)	2087 (13.6)	13279 (86.4)		
<i>Risk factors (arranged in order of decreasing HCV RDT positivity)</i>					

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People who inject drugs (PWID)	2004 (13.0)	1483 (74.0)	521 (26.0)	28.3 (24.3 - 33.0)	< 0.001
Chronic liver disease and/or hepatitis	711 (4.6)	347 (48.8)	364 (51.2)	6.0 (4.7 - 7.7)	< 0.001
Previously in jail/prison	1903 (12.4)	894 (47.0)	1009 (53.0)	2.4 (2.0 - 2.8)	< 0.001
Intranasal illicit drug use	2253 (14.7)	767 (34.0)	1486 (66.0)	2.0 (1.8 - 2.3)	< 0.001
Tattooing	820 (5.3)	263 (32.1)	557 (67.9)	1.7 (1.3 - 2.3)	< 0.001
HIV infection	952 (6.2)	290 (30.5)	662 (69.5)	2.3 (1.8 - 2.9)	< 0.001
Long-term haemodialysis	66 (0.4)	16 (24.2)	50 (75.8)	5.2 (2.7 - 10.0)	< 0.001
Recipients of blood/blood products/clotting factor concentrates/organ transplant before 1994	267 (1.7)	61 (22.9)	206 (77.1)	4.9 (3.3 - 7.4)	< 0.001
Needle stick injury or mucosal exposure to HCV-infected blood	204 (1.3)	34 (16.7)	170 (83.3)	3.1 (1.8 - 5.5)	< 0.001
Sex worker	137 (0.9)	21 (15.3)	116 (84.7)	1.1 (0.6 - 2.1)	0.69
Partner who is HCV-infected	189 (1.2)	27 (14.3)	162 (85.7)	3.8 (2.3 - 6.2)	< 0.001
Children born to HCV-infected women	32 (0.2)	4 (12.5)	28 (87.5)	3.1 (0.9 - 11.0)	0.09
History of invasive medical procedures (e.g. surgery, biopsy, endoscopy, solid organ donation)	2798 (18.2)	200 (7.1)	2598 (92.9)	0.6 (0.5 - 0.8)	< 0.001
Body piercing	3236 (21.1)	182 (5.6)	3054 (94.4)	0.8 (0.6 - 1.0)	0.06
Transgender	201 (1.3)	11 (5.5)	190 (94.5)	0.4 (0.2 - 0.8)	0.02
Men who have sex with men (MSM)	760 (5.0)	35 (4.6)	725 (95.4)	0.5 (0.3 - 0.7)	0.0013
Others/Undisclosed	5865 (38.2)	172 (2.9)	5693 (97.1)	0.1 (0.1 - 0.14)	< 0.001

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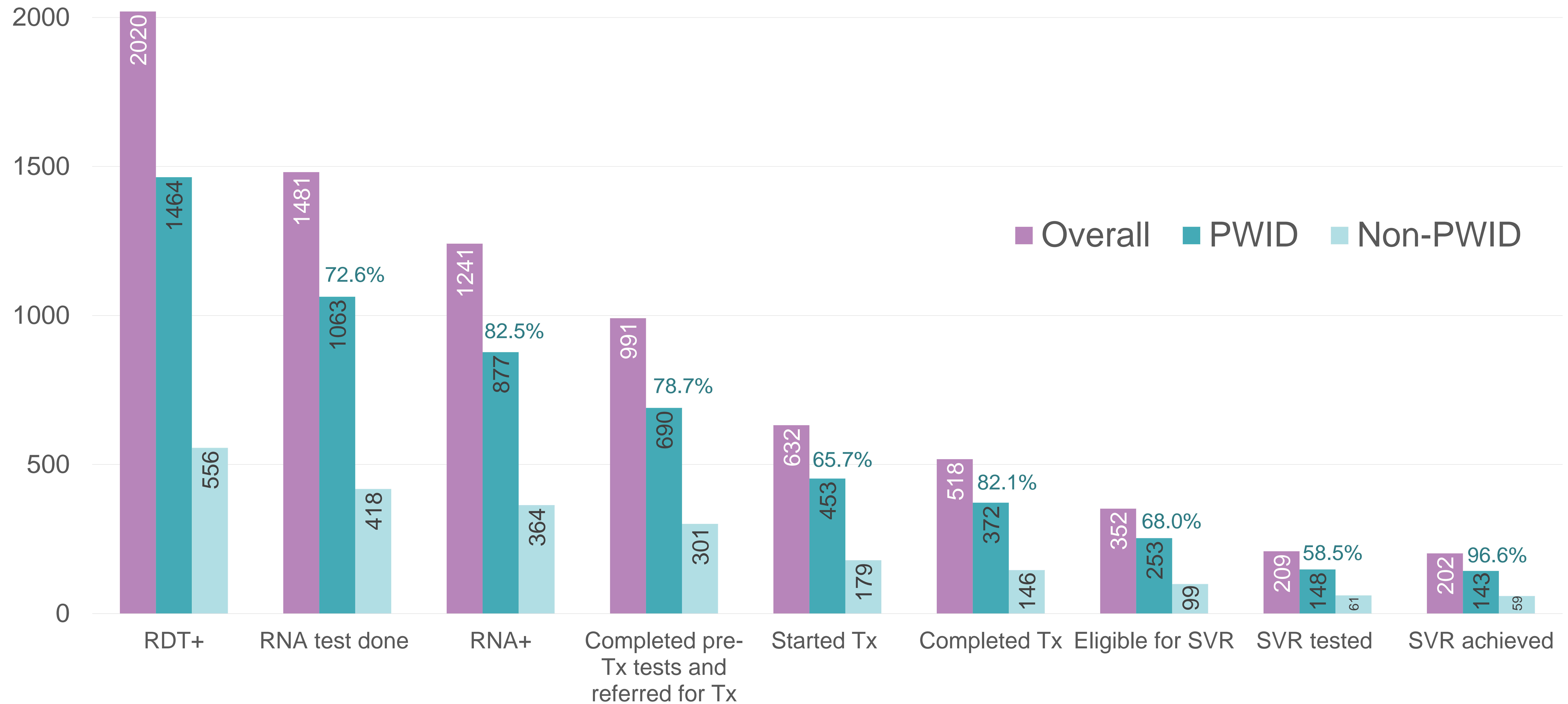
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% HCV RDT positive in PWID vs non-PWID 4.2%; $p < 0.001$

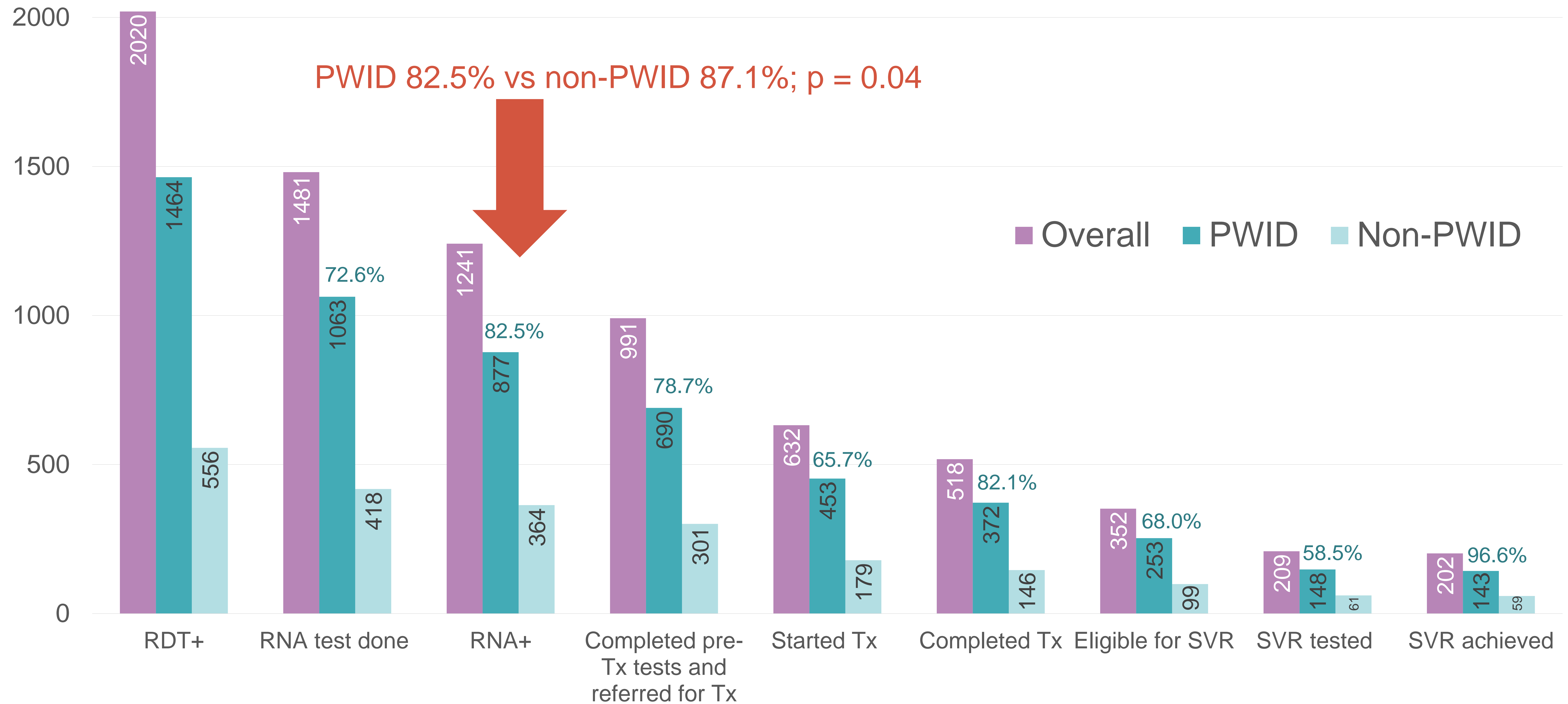
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HCV CARE CASCADE COMPARING PWID VS NON-PWID



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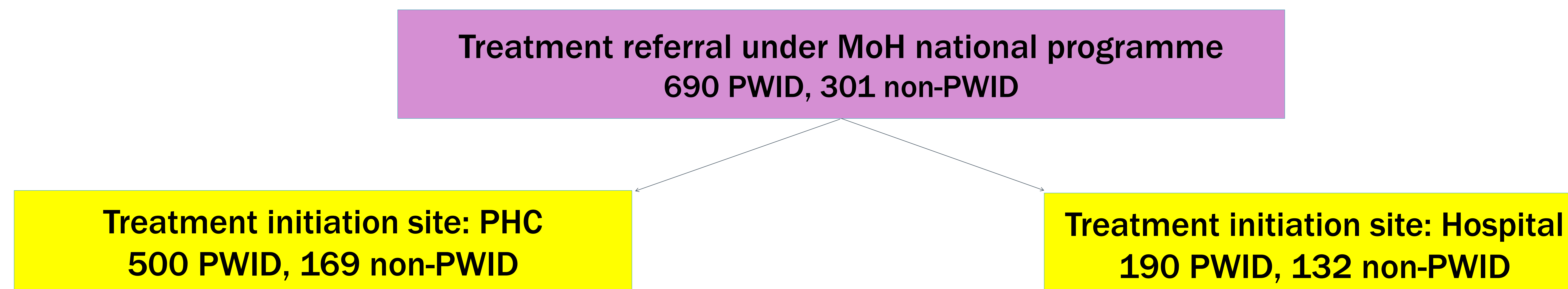
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PWID VS NON-PWID AT DIFFERENT TREATMENT SITES

Treatment referral under MoH national programme
690 PWID, 301 non-PWID

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Treatment initiation site: PHC
500 PWID, 169 non-PWID

Treatment initiation site: Hospital
190 PWID, 132 non-PWID

PWID

365/500 (73.0%)
initiated treatment

327/365 (89.6%)
completed treatment

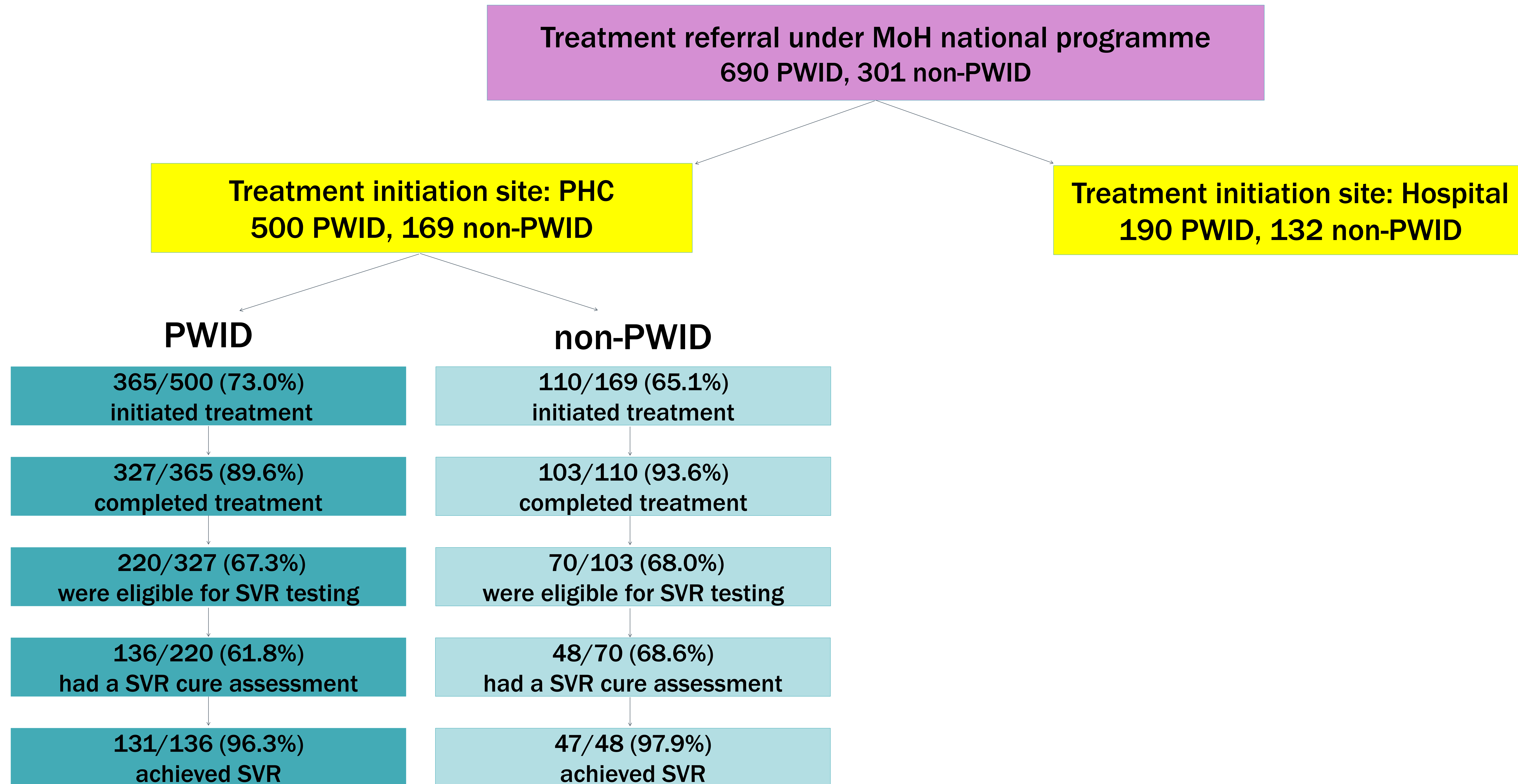
220/327 (67.3%)
were eligible for SVR testing

136/220 (61.8%)
had a SVR cure assessment

131/136 (96.3%)
achieved SVR

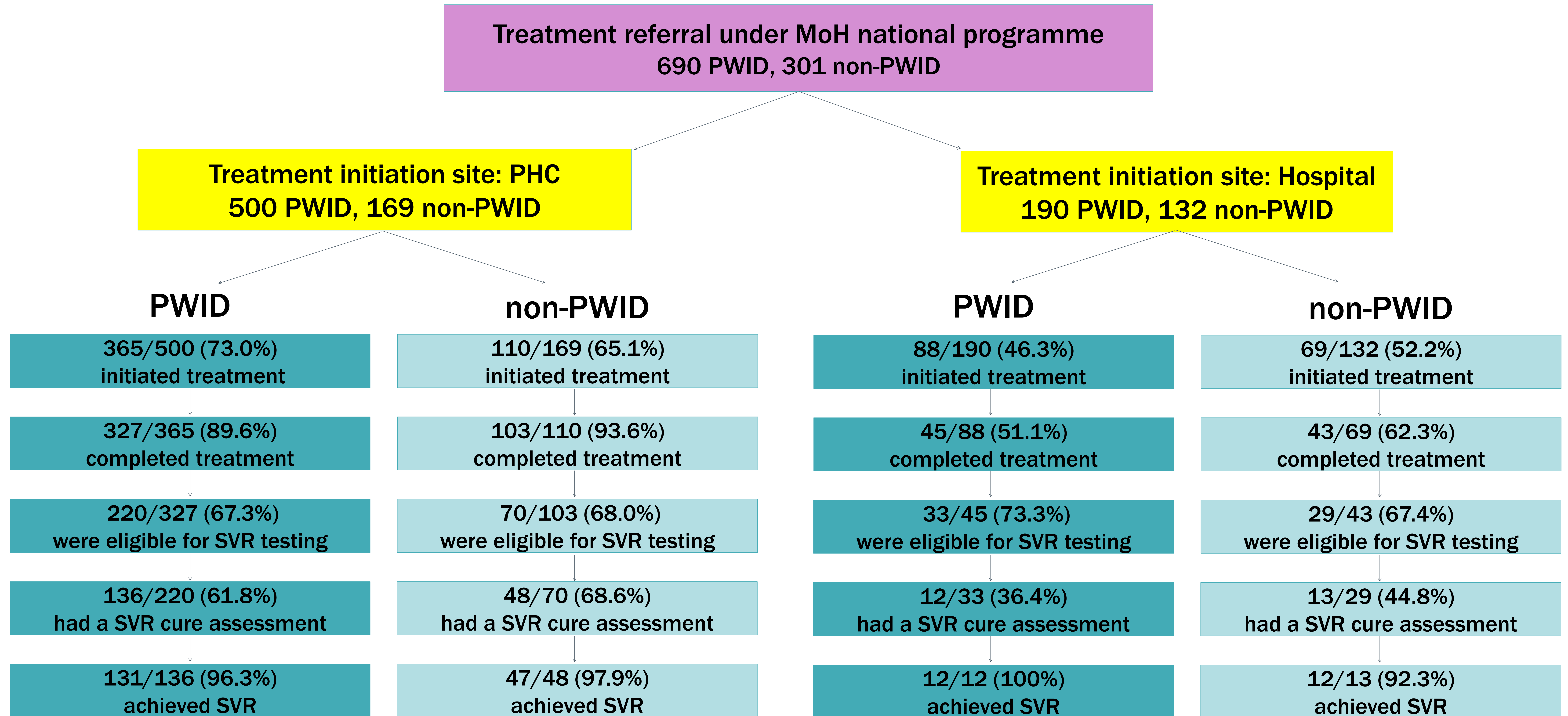
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PWID VS NON-PWID AT DIFFERENT TREATMENT SITES

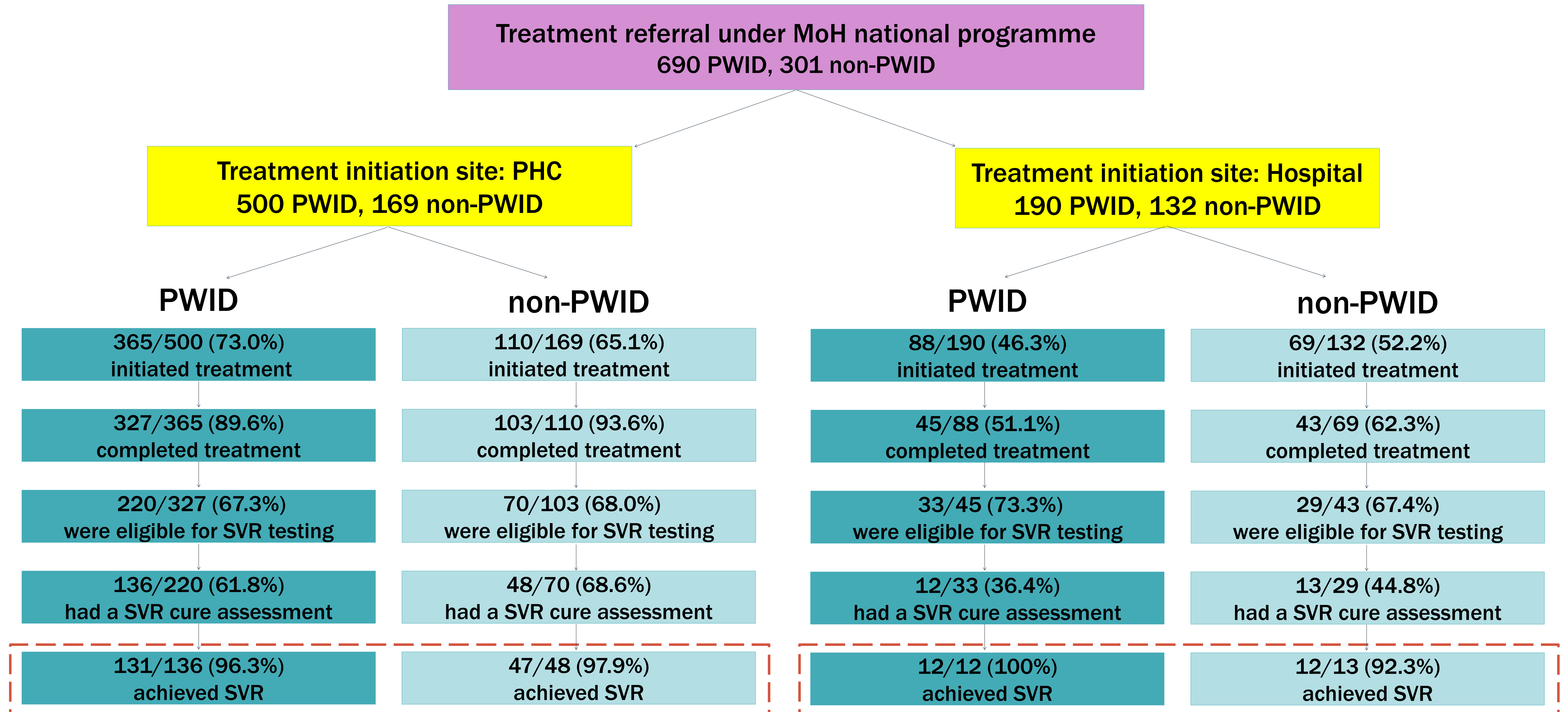


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Comparable outcomes between PWID and non-PWID along the HCV care cascade and at different treatment sites


- RNA+ of PWID < RNA+ of non-PWID
- SVR of PWID \approx SVR of non-PWID
- Better retention of PWID at PHC vs hospital

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The **optimised model of fully decentralised** HCV care is now being adopted by MoH as part of a **nationwide scale-up** of HCV service provision

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Thank you for your kind attention

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