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HEPATITIS C VIRUS ANTIBODY TESTING AMONG OPIOID AGONIST TREATMENT RECIPIENTS, VICTORIA, AUSTRALIA, 2012 to 2020.

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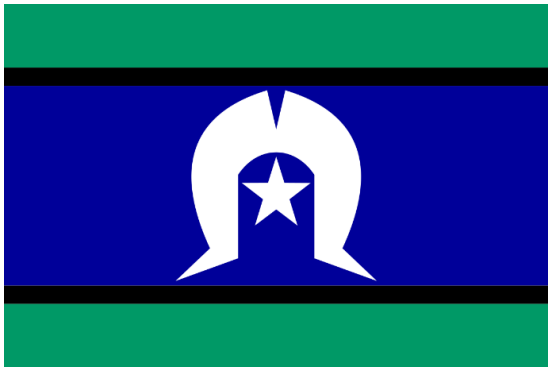
ACKNOWLEDGEMENT OF COUNTRY



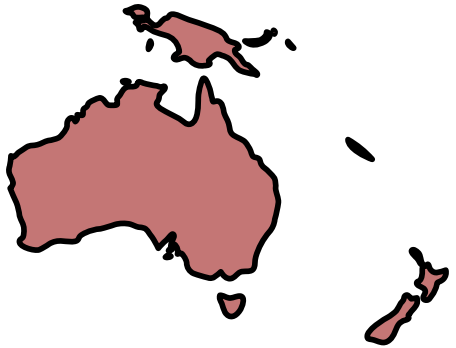
I would like to acknowledge the traditional custodians of the lands on which I live and do my work, the Woi Wurrung and Boon Wurrung people of the Kulin nation. I would further like to pay my respects to their Elders past, present and emerging, as well as my Aboriginal colleagues at the Burnet Institute and any Aboriginal people attending INHSU.

BACKGROUND

To achieve hepatitis C elimination, people who inject drugs should be prioritised for hepatitis C testing and treatment

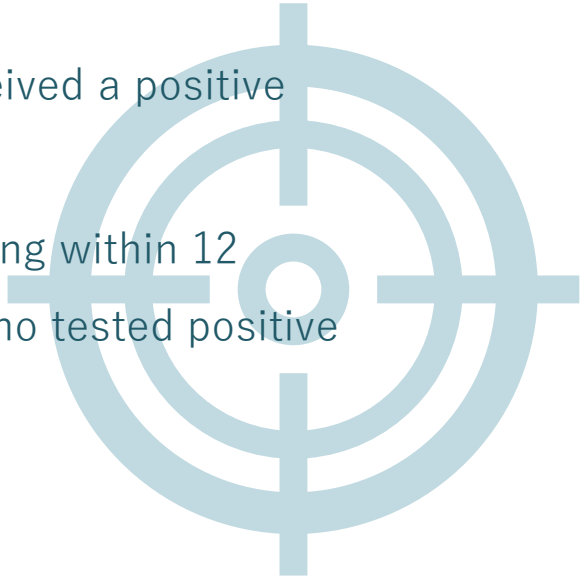
Clinical encounters related to opioid agonist treatment (OAT) can be effective for identifying patients who may benefit from hepatitis C care

In electronic medical record data, OAT can be used as a proxy for identifying people who have previously or are currently injecting drugs



STUDY AIMS

1. Estimate the proportion of participants prescribed OAT who received a hepatitis C antibody test within the first 12 months of their index prescription
2. Estimate the proportion of individuals identified who received a positive hepatitis C antibody test result
3. Identify factors associated with hepatitis C antibody testing within 12 months of the index OAT prescription and participants who tested positive



METHODS

- Electronic medical record data were extracted from clinical services participating in the ACCESS sentinel surveillance system
- Participants with at least one OAT prescription and no previously recorded hepatitis C antibody positive test result whose first recorded OAT prescription was between January 1st, 2012 to 31st December, 2020 were included in the analysis
- The associations between exposures and outcomes were investigated using a logistic regression model

PARTICIPANT CHARACTERISTICS

5,574 participants identified from 17 clinics

46 years mean age at first recorded OAT script (SD = 14.7)

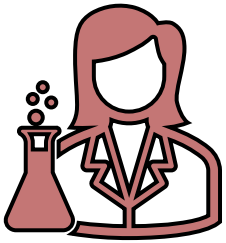
Equal prescribing between **Buprenorphine** and **Methadone**

3,548 (64%) male
1,997 (36%) female

8 median consultations in first year (IQR = 3-14)

HEPATITIS C AB TESTING

Among the **5,547** identified participants in the 12 months subsequent to their first recorded OAT prescription:



12%

(n=669/5,547)

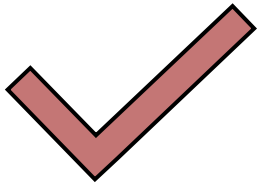
Received a hepatitis C antibody test

- Participants aged 60+ years were **63% less likely** to receive a hepatitis C antibody test compared to participants aged 18-29 **(95%CI: 0.26-0.53)**
- Methadone recipients were **16% less likely** to receive a hepatitis C antibody test compared to Buprenorphine recipients (**95% CI: 0.73-0.96**)
- Participants with 9+ consults were **7.2 times more likely** to receive a hepatitis C antibody test compared to participants with 1-4 consults. **(95%CI: 5.8-8.9)**
- Participants prescribed OAT in 2017 were **1.5 times more** likely to receive a hepatitis C antibody test compared to 2012. **(95%CI: 1.1-2.1)**

Note: Adjusted odds ratios presented

POSITIVITY

Among the **669** participants who received a hepatitis C Ab test within 12 months of their first recorded OAT prescription:



59%

(n=394/669)

received a positive hepatitis C antibody test

Buprenorphine recipients were **46% less** likely to receive a positive hepatitis C antibody test compared to Methadone recipients. (**95%CI: 0.41-0.70**)

Participants aged 50-59 years were **6.4 times more likely** to receive a positive hepatitis C antibody test compared participants aged 18-29. (**95% CI: 3.5-11.8**)

Participants aged 60+ years were **5.3 times more likely** to receive a positive hepatitis C antibody test compared participants aged 18-29. (**95% CI: 2.6-10.9**)

Note: Adjusted odds ratios presented

DISCUSSION & CONCLUSION

- Despite high positivity rates, early hepatitis C antibody testing among individuals prescribed OAT remains low
- Sentinel surveillance data could be used to monitor hepatitis C testing among priority populations
- Integrating routine hepatitis C testing among people prescribed OAT will likely increase case-finding
- There are opportunities for increased testing among populations exhibiting greater proportions of missed testing opportunities.

LIMITATIONS

- OAT as a proxy for people who inject drugs does not represent people who inject drugs other than opioids
- Hepatitis C antibody tests received outside of the sentinel surveillance network would not be captured in this analysis

DISCLOSURES

- Joe Doyle's institution has received investigator-initiated research funding from Gilead Science, AbbVie, Merck and Bristol Myers Squibb, and consultancy funding from Gilead, Abbvie, and Merck.
- Jess Howell has been on the advisory board for Gilead Sciences and received investigator-initiated funding and speaker fees from Gilead Sciences.
- Alisa Pedrana's institution has received investigator-initiated research funding from Gilead Science, AbbVie, Merck has consultancy and speaker fees from Gilead.

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