Evaluating hepatitis C treatment engagement and completion among clients of a medically supervised injecting room in Melbourne, Australia

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Background: Medically supervised injecting rooms (MSIRs) may be well-positioned to offer hepatitis C virus (HCV) testing and treatment as they serve people who inject drugs. This study aimed to determine the feasibility of treatment engagement amongst HCV-diagnosed clients of an MSIR in Melbourne, Australia, and examine factors associated with treatment initiation and return for post-treatment testing.

Methods: From November 2020–December 2023, MSIR clients could participate in onsite point-of-care and/or venepuncture HCV RNA testing. Using sociodemographic, behavioural and clinical survey data collected at the first HCV test, we report the number and proportion tested, viremic, treatment-initiated, and underwent post-treatment testing following their first treatment episode. We defined post-treatment testing as completion of at least one HCV RNA test following treatment completion. Logistic regression assessed factors associated with treatment initiation and completion of post-treatment testing.

Results: Of 1,157 participants tested, 291 had an active HCV infection. Most people (78%, 255/288) were male, 80% (215/269) were previously incarcerated and 21% (62/289) identified as Aboriginal and/or Torres Strait Islander.

Ninety-three percent (270/291) of participants were prescribed treatment, 90% (242/270) initiated treatment and 60% (146/242) of those initiated returned for post-treatment testing. Overall, 50% (146/291) of HCV-diagnosed participants completed post-treatment testing.

Participants who reported methamphetamine as the most commonly used drug in the past 6 months (n=34) were less likely to initiate treatment than those who used opioids (n=243) (aOR 0.28; CI: 0.10-0.74). High injection frequency of drugs at baseline

(n=165) (≥15 days within the past month) was associated with completion of post-treatment testing (aOR 2.09; CI: 1.10-3.95).

Conclusion: MSIRs are a feasible setting for the delivery of integrated HCV tests and treatment and attract high throughput. High injection frequency being associated with post-treatment testing supports MSIRs' ability to engage those most at risk of HCV. Nonetheless, scale up is restricted by limited implementation of MSIRs nationally.

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