Trends in time to treatment initiation among people diagnosed with hepatitis C in a network of Australian clinical services between 2015-2020

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on behalf of ACCESS

Background

- Hepatitis C care cascades are an integral part of monitoring Australia's progress towards hepatitis C elimination

- Care cascades have relied largely on serial cross-sectional estimates of the distribution of populations across cascade stages

- Changes in cross-sectional cascade estimates over time are influenced by improvements in clinical care, but also declining incidence and the progression of time

- **We explored changes in time between hepatitis C diagnosis and treatment initiation among individuals attending Australian clinical services**

Data Source

ACCESS

Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Blood-borne Viruses and Sexually Transmitted Infections

- National sentinel surveillance project
- Monitors blood-borne viruses and sexually transmitted infections
- Been running for over 10 years

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ACCESS

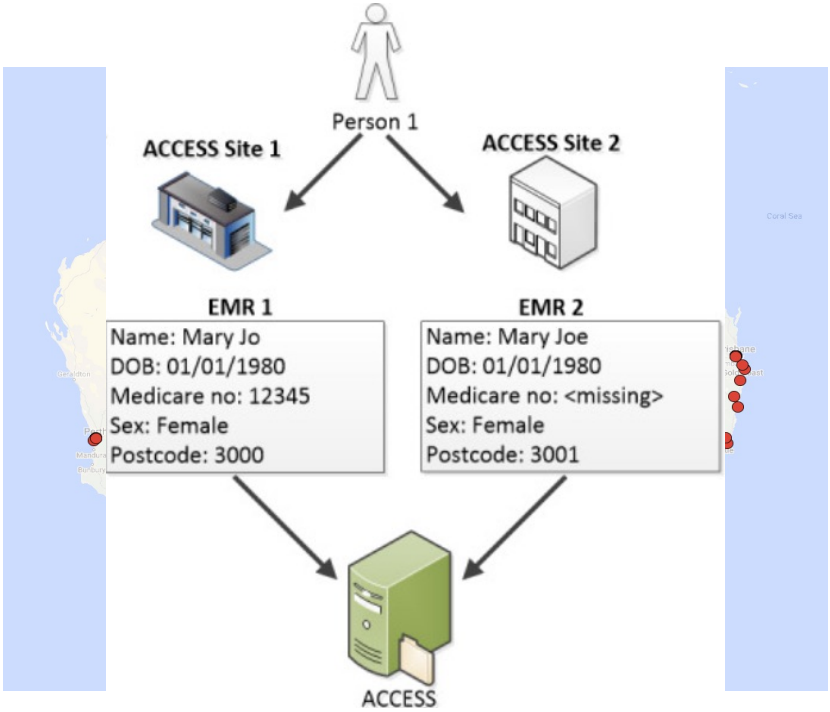
- Sentinel clinics are chosen based on priority populations
- Specialised data extraction software **GHRANITE** installed on the server at participating clinics
- Patient data are routinely deidentified **at the clinic**, then sent to Burnet Institute
- Patient records are linked across services using a highly sensitive probabilistic linkage algorithm
- Data are cleaned and go through disease-specific interpretation algorithms
- Provides line-listed data for viral hepatitis, prescriptions, diagnoses and consultations

How ACCESS works

- Over 100 collaborating clinics
  - Sexual health clinics
  - Community health
  - General practice
  - Private laboratories
  - Public laboratories
  - Hospitals

- **More than 3 million individuals captured in ACCESS**

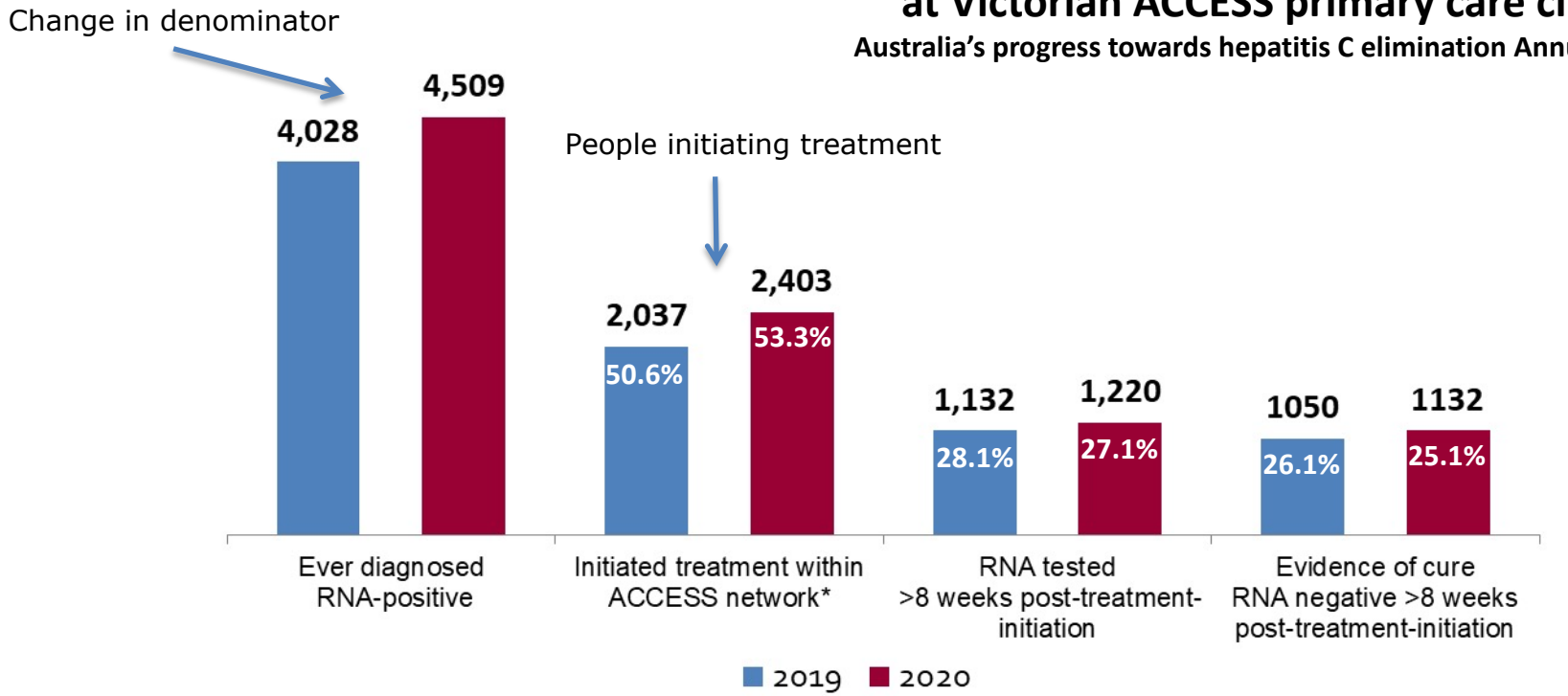
- **Allows for longitduinal monitoring of individuals over time and across services**



Cross-sectional cascades of care

Hepatitis C treatment cascade at Victorian ACCESS primary care clinics

Australia's progress towards hepatitis C elimination Annual Report



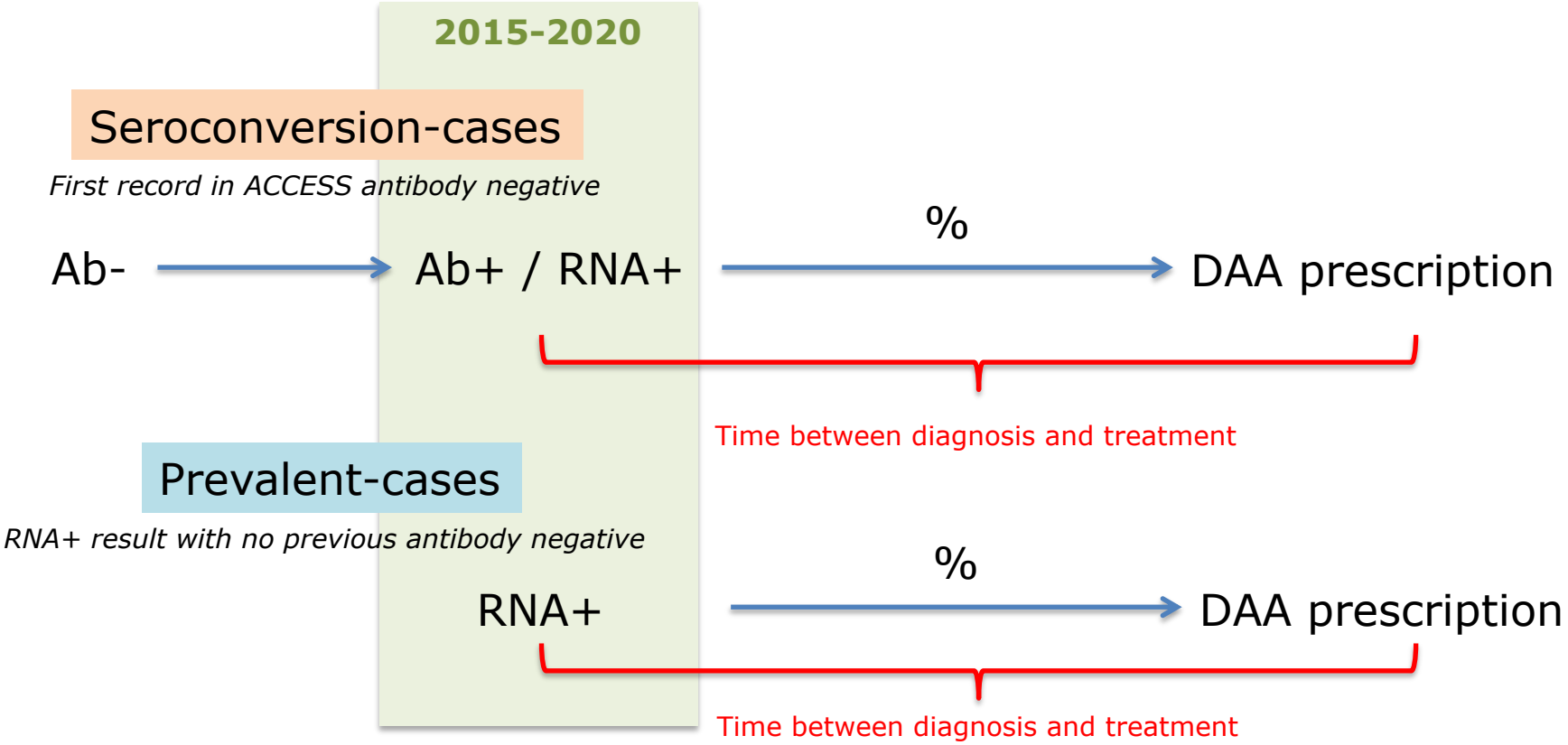
Methods

Data extracted from **55 services** across Australia

1st January 2009 – 31st December 2020

Diagnoses between 2015 - 2020

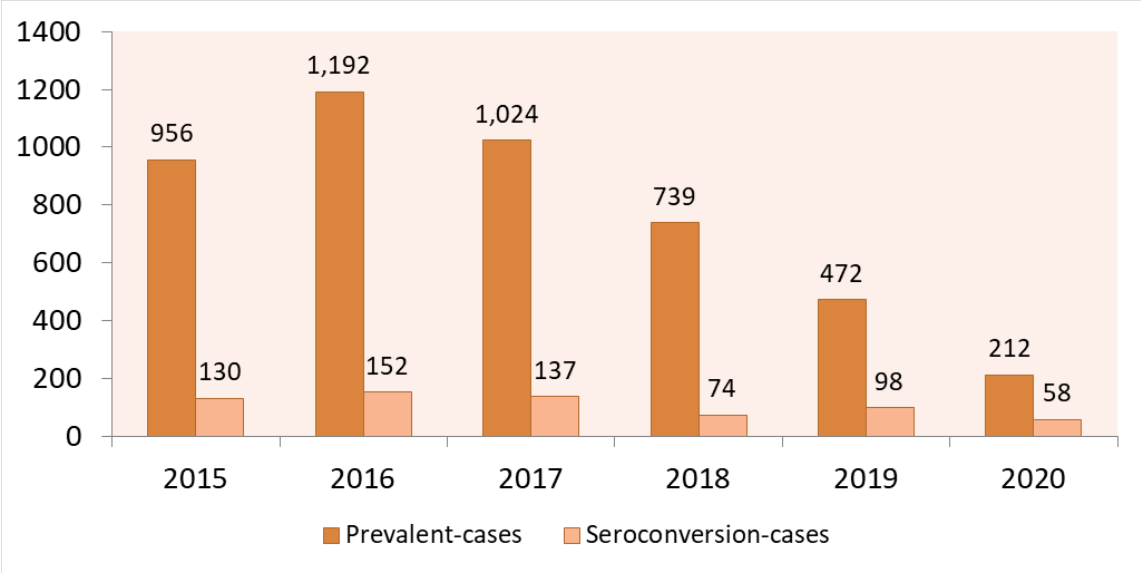
Methods


2015-2020
Seroconversion-cases
First record in ACCESS antibody negative
Ab-
Ab+ / RNA+
%
DAA prescription
Time between diagnosis and treatment
Prevalent-cases
RNA+ result with no previous antibody negative
RNA+
%
DAA prescription
Time between diagnosis and treatment

Results

Between 2015-2020

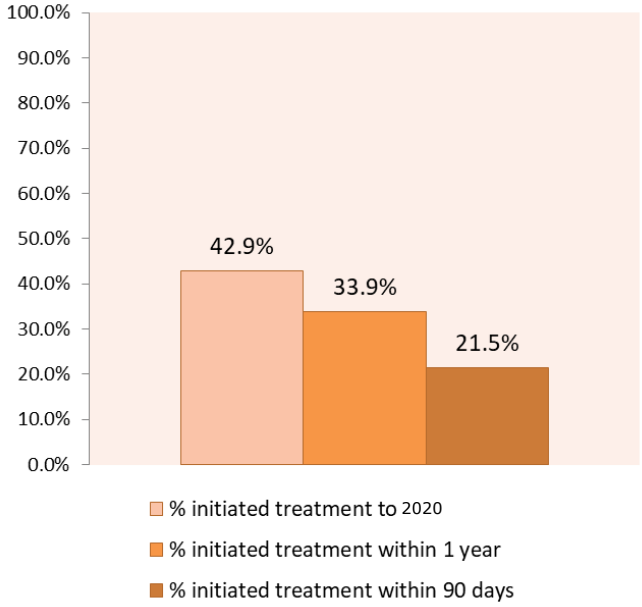
- 649 seroconversion-cases
- 4,595 prevalent-cases

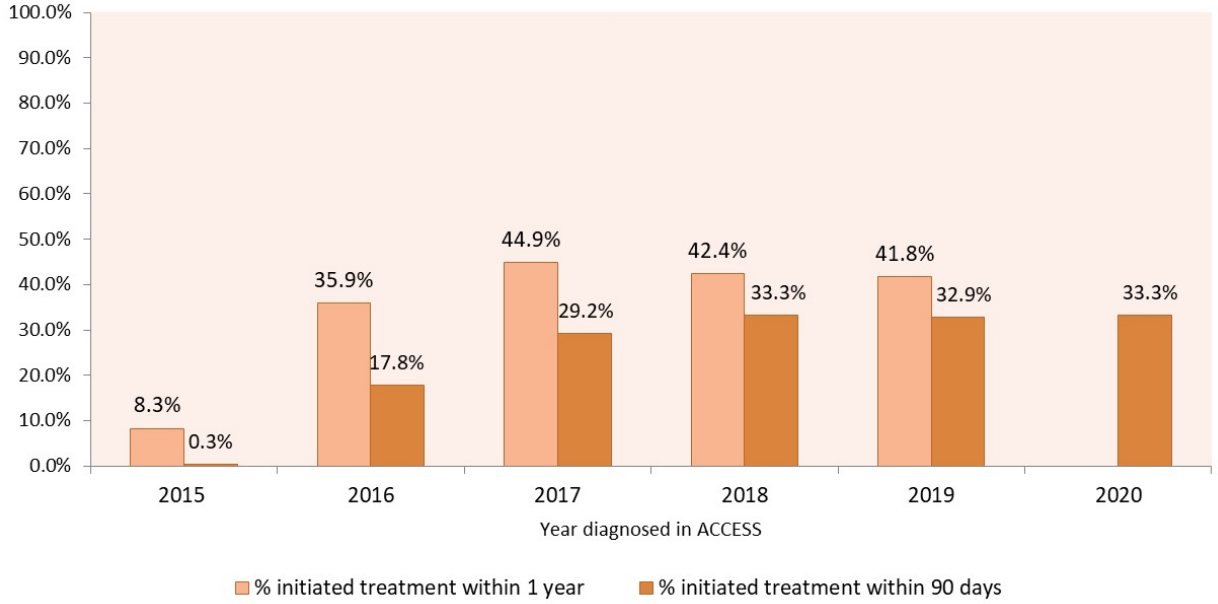


Results – Proportion treated

	Seroconversion-cases	Prevalent-cases	Combined
N diagnosed	649	4,595	5,244
N who reach treatment	227	2,032	2,259
% who reach treatment	34.9%	44.2%	42.9%
Median time between diagnosis and treatment initiation	122 days	84 days	87 days

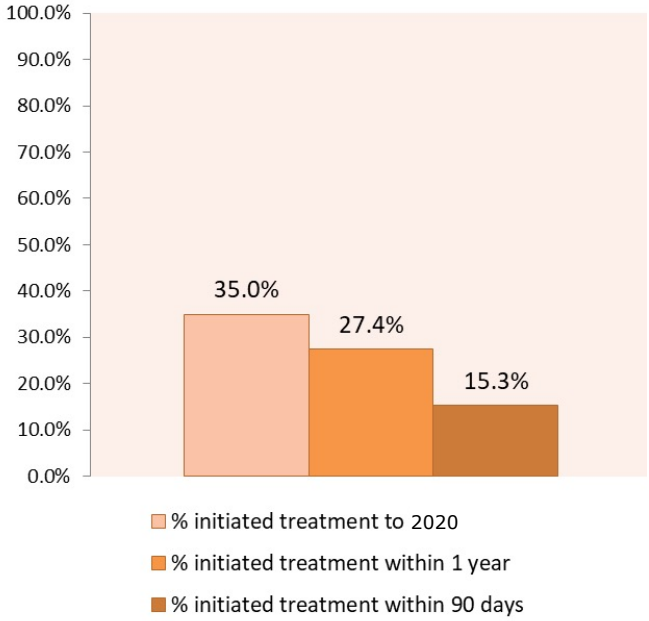
Results – Time to treatment initiation

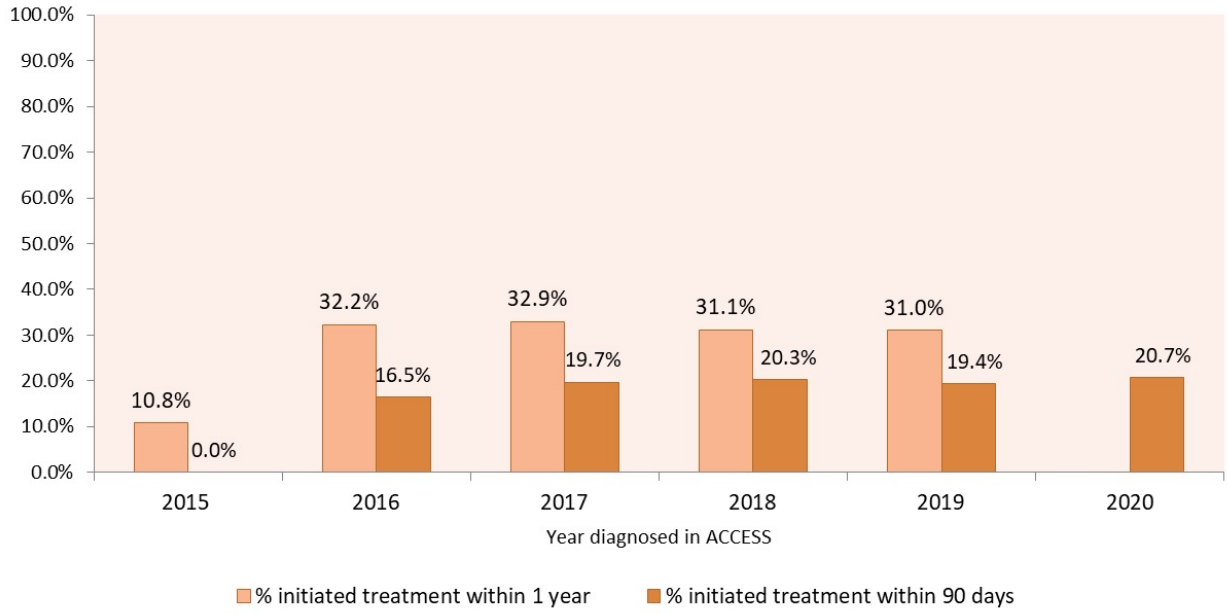




Results – Time to treatment initiation

Seroconversion-cases only





Summary

- Traditional cascades show improvement over time
- Our analysis shows the proportion of individuals initiating treatment within 1 year of HCV diagnosis within the ACCESS network has been relatively stable over time
- Over the entire study period, less than half of those diagnosed were prescribed DAA treatment
- Slower treatment uptake in later years may reflect depletion of treatment-ready individuals
- Strategies to reduce loss-to-follow-up will be important in maintaining treatment numbers required to reach elimination targets

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