Hepatitis C Prevalence and Treatment Uptake at Opioid Agonist Therapy Clinics in Ontario, Canada

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BACKGROUND

- Widespread screening for hepatitis C virus (HCV) is necessary for Canada to meet its HCV elimination goals by 2030
- People who currently or previously injected drugs are at high risk for HCV and opioid agonist therapy (OAT, such as methadone and buprenorphine) has been shown to help stabilize the lives of those who are opioid-dependent
- The distribution of OAT in North America typically requires daily, weekly, or monthly clinic visits and presents an opportunity for screening and treatment for those at high-risk of HCV

OBJECTIVE

Assess HCV screening and linkage to care rates at OAT clinics in Ontario, Canada

METHODS

- HCV screening was conducted by staff at OAT clinics in Ontario from 2016-2020 and those with chronic infections were treated on-site with direct-acting antivirals
- Point-of-care (POCT) or dried blood spot (DBS) testing was used for antibody testing, DBS or serum for HCV RNA testing, and serum for SVR12
- x^2 and Fischer's exact test were used to determine significance at $p < 0.05$

CONTACT INFORMATION

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RESULTS

Table 1: Participant Demographics

Characteristics	Total	Known Ab+	New Ab+
Number of Participants, N	1,956	-	-
Male, n (%)	1,224 (63%)	-	-
Age (mean ± SD)	40 ± 12 years	40 ± 11 years	40 ± 11 years
Antibody Positive (Ab+), n (%)	871 (45%)	509 (58%)	362 (42%)
• Male	578 (66%)	350 (61%)	228 (39%)
• Female	288 (33%)	155 (54%)	133 (46%)
• ≤ 40 years old	488 (56%)	270 (55%)	218 (45%)
• ≥ 41 years old	367 (42%)	224 (61%)	143 (39%)

Figure 2: RNA+ in the Care Cascade – Known Ab+ vs. New Ab+

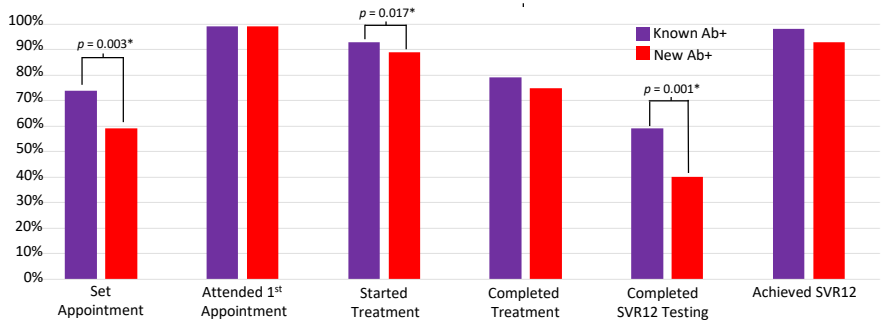


Figure 3: RNA+ in the Care Cascade - ≤ 40 years old vs. ≥ 41 years old

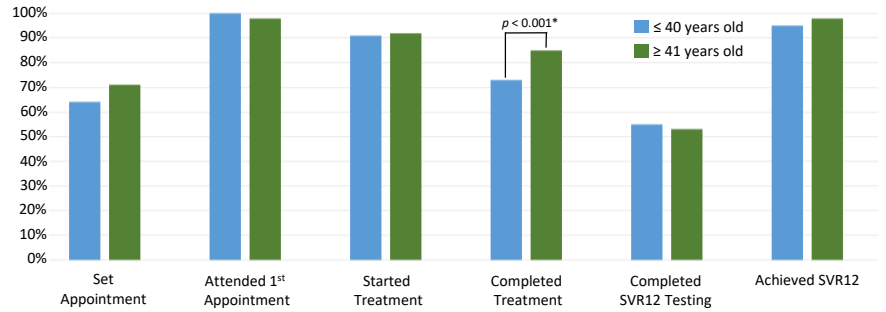
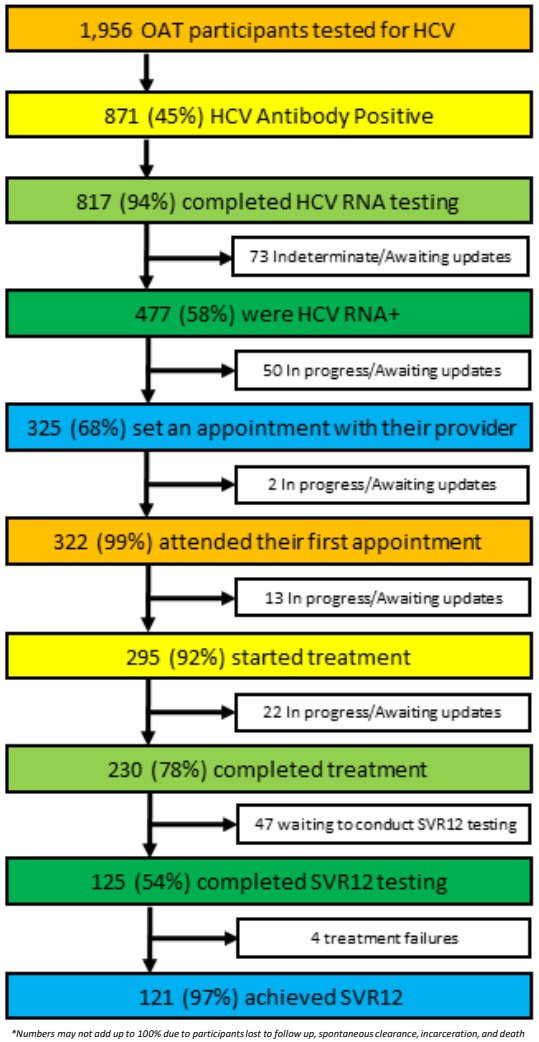


Figure 1: Outcomes of screening and care cascade



*Numbers may not add up to 100% due to participants lost to follow up, spontaneous clearance, incarceration, and death

DISCUSSION

- Known Ab+ participants were significantly ($p <$ 0.001, data not shown) more likely to **complete HCV RNA testing**
- Known Ab+ participants were significantly more likely to **set appointments for follow-up care, start treatment, and complete SVR12 testing** compared to New Ab+ participants
- Participants ≥41 years old were significantly more likely to **complete treatment** than those ≤40 years old

CONCLUSIONS

- HCV screening and treatment at OAT clinics is feasible, effective, and warrants expansion.
- Data suggest strong treatment adherence due to high rates of SVR12, comparable with other OAT-based HCV treatment programs.
- The lack of SVR12 sampling could be addressed by either on-site phlebotomy or by incentivizing SVR12 sampling.
- Hepatitis C screening at OAT clinics may help re-engage Known Ab+ and retain them in care.
- Stronger support services may be useful for engaging and retaining those who are New Ab+

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