HEPATITIS C VIRUS INFECTION AMONG PEOPLE WHO INJECT DRUGS IN AUSTRALIA: MONITORING EXPOSURE, TREATMENT UPTAKE AND VIRAEMIC PREVALENCE

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Background: The World Health Organization (WHO) targets to eliminate hepatitis C virus (HCV) infection as a public health threat by 2030 include 80% of the eligible chronic HCV population treated and an 80% reduction in HCV incidence. In Australia, HCV-treatment scale-up among people who inject drugs (PWID) will be key to achieving major reductions in HCV incidence. This study estimated trends in exposure to HCV, treatment uptake and viraemic prevalence among a national sample of PWID over three years, 2015 to 2017.

Methods: The Australian Needle Syringe Program Survey (ANSPS), is an annually repeated cross-sectional bio-behavioural sentinel surveillance project. Behavioural, serological and molecular results determined a) prevalence of HCV exposure (HCV antibody positive); b) prevalence of HCV viraemia (HCV RNA positive); and c) HCV treatment (among those eligible for treatment).

Results: Baseline results from 2015, prior to listing of direct acting antiviral (DAA) therapy of the pharmaceutical benefits scheme (PBS) demonstrated HCV antibody prevalence of 57%, HCV viraemic prevalence of 45% and cumulative HCV treatment uptake of 8%. In 2016, 7 months after DAA PBS listing, HCV antibody prevalence was 51%, HCV viraemic prevalence 33%, and cumulative HCV treatment uptake 29%. Preliminary data indicate a further increase in cumulative HCV treatment uptake and subsequent decline in HCV viraemic prevalence will likely be observed in 2017.

Conclusions: This study demonstrates a rapid and significant increase in HCV treatment among PWID following broad access to DAA therapies. The pool of active HCV infection among Australian PWID has declined substantially within the initial two years of availability of DAA therapy.

Note: 2017 serological and molecular testing is underway and will be presented if this abstract is accepted.

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