



Kirby Institute

# Declining prevalence of current HCV infection and increasing treatment uptake among people who inject drugs: The ETHOS Engage Study

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on behalf of the ETHOS Engage Study Group

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# Background/Aims

**Background:** People who inject drugs are at greater risk of HCV infection and transmission. Evaluating trends in HCV prevalence and treatment among people who inject drugs is crucial for monitoring elimination efforts.

## **Aims:**

- (1) Assess the change in current HCV prevalence and the factors associated with current HCV infection**
- (2) Assess the change in HCV treatment uptake and the factors associated with treatment uptake**

# Methods:



**ETHOS Engage-** observational cohort study collecting baseline data on HCV treatment uptake and current prevalence

***Location:*** OAT clinics, drug & alcohol treatment, NSP sites  
***Campaign days:*** Wave 1, May 2018 – September 2019 (25 sites)  
Wave 2, November 2019 – June 2021 (21 sites)

***Inclusion criteria:***

- ☒ 18 years of age or older;
- ☒ Written informed consent;
- ☒ History of injecting drug use;
- ☒ Recent injecting drug use (previous 6 mo) OR currently receiving OAT

***Exclusion criteria:***

- ~~☒ Women who are pregnant~~

# ETHOS Engage: Recruitment Waves 1 & 2



# Methods: ETHOS Engage Campaign Days

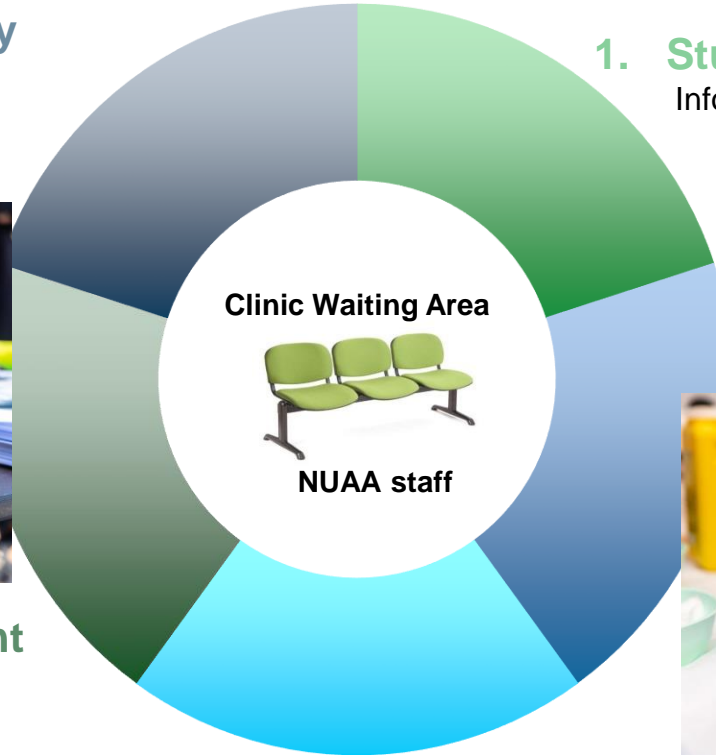
## 4. Participant Survey

Demographics  
Injecting history  
HCV experience



## 5. Clinical Assessment

Consultation with clinic  
nurse



## 1. Study Enrolment

Informed consent

## 2. Point-of-care testing

Current HCV infection



## 3. FibroScan®

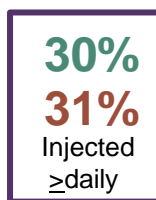
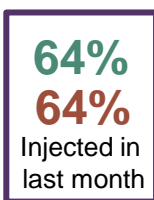
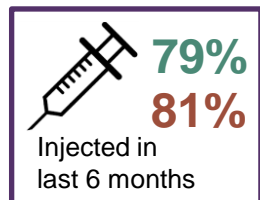
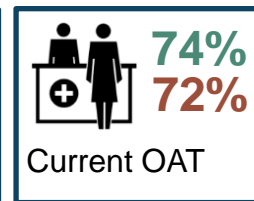
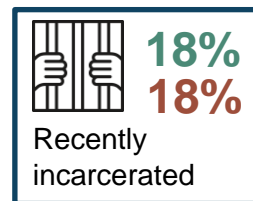
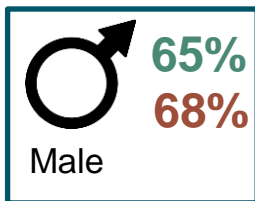
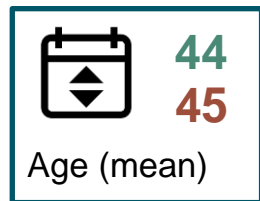
Liver health assessment

# ETHOS Engage Results: Participants

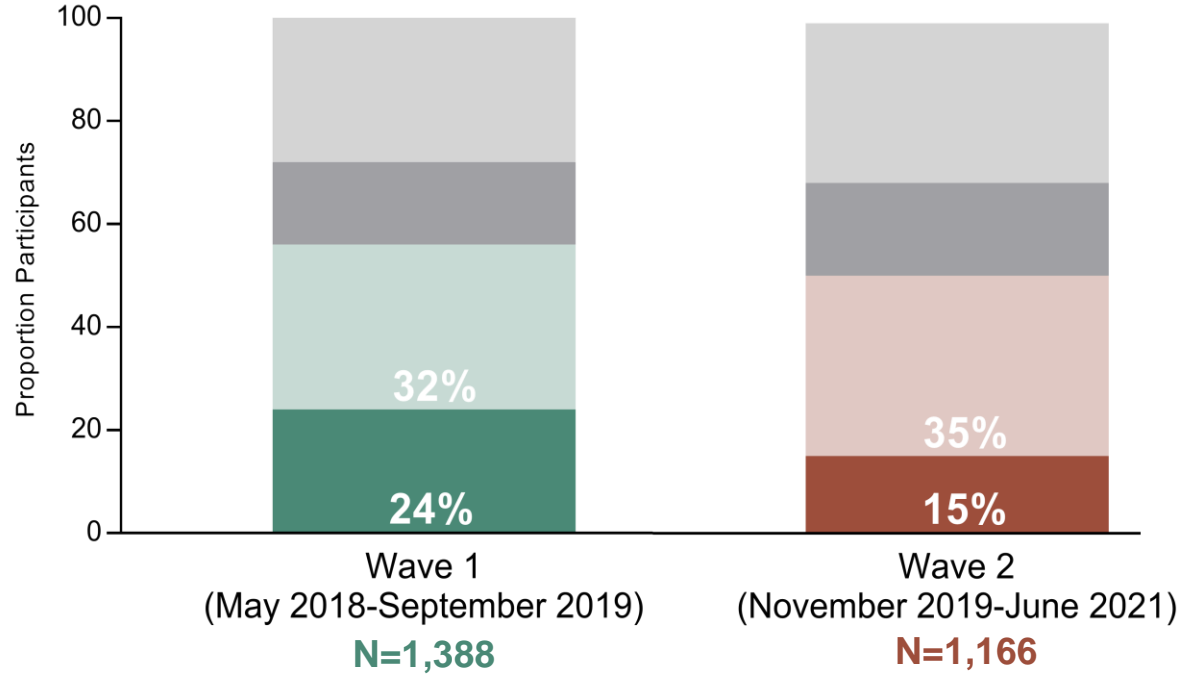
Wave 1:  
May 2018 – September 2019  
N=1,443

259 participants enrolled in  
both recruitment waves

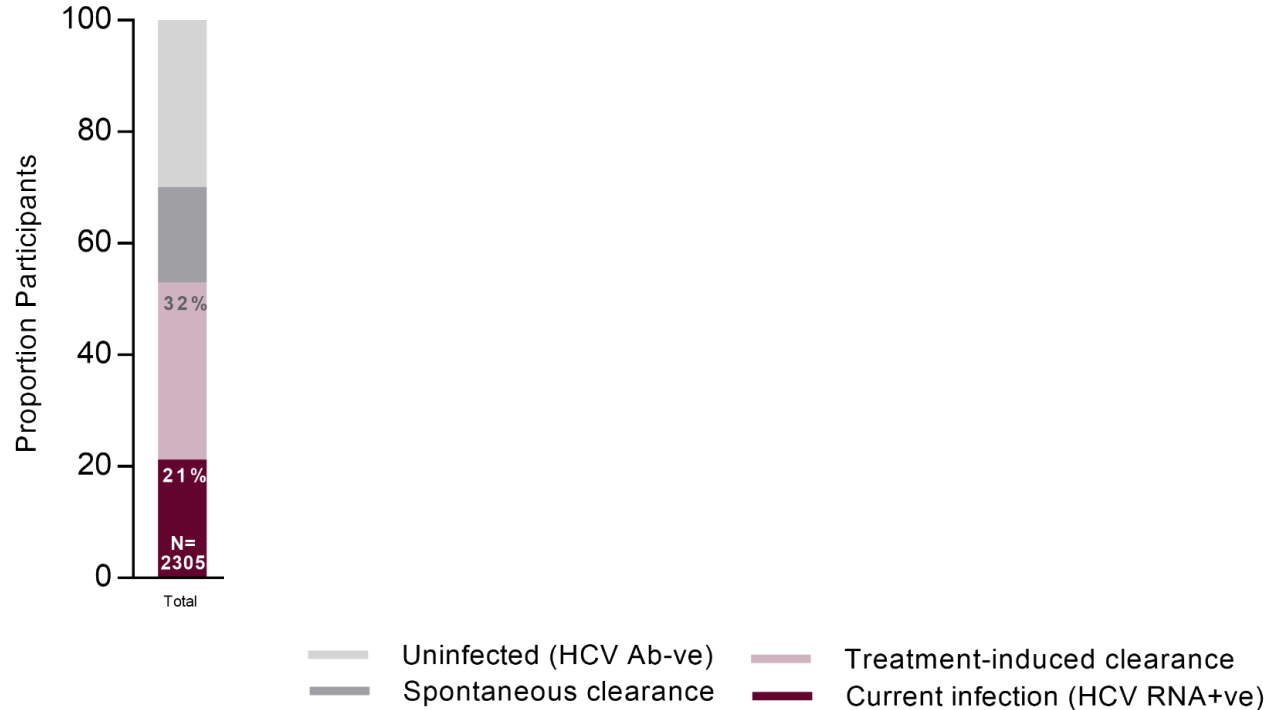
Wave 2:  
October 2019 – June 2021  
N=1,211



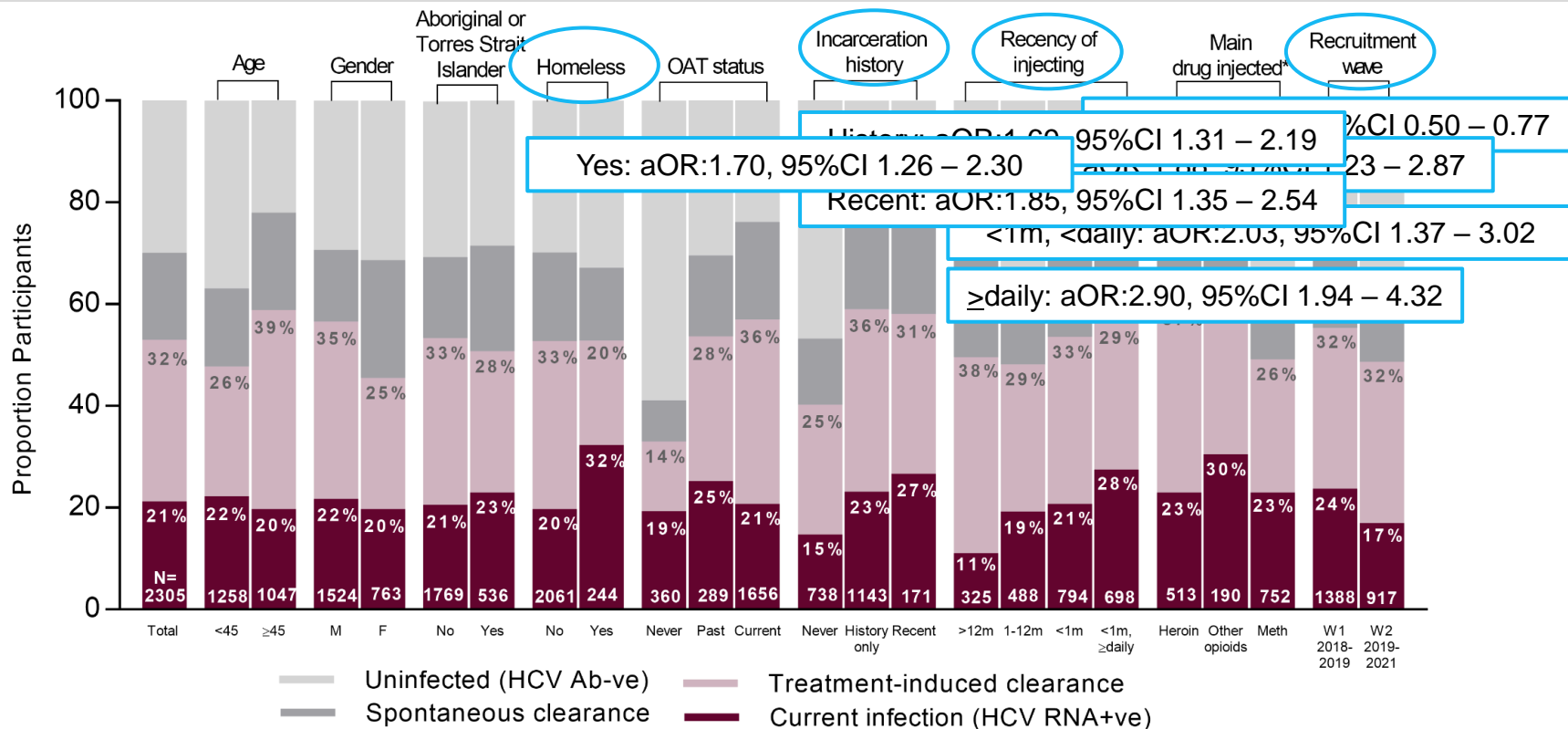
# ETHOS Engage Results: Current HCV infection



# ETHOS Engage Results: Current HCV infection

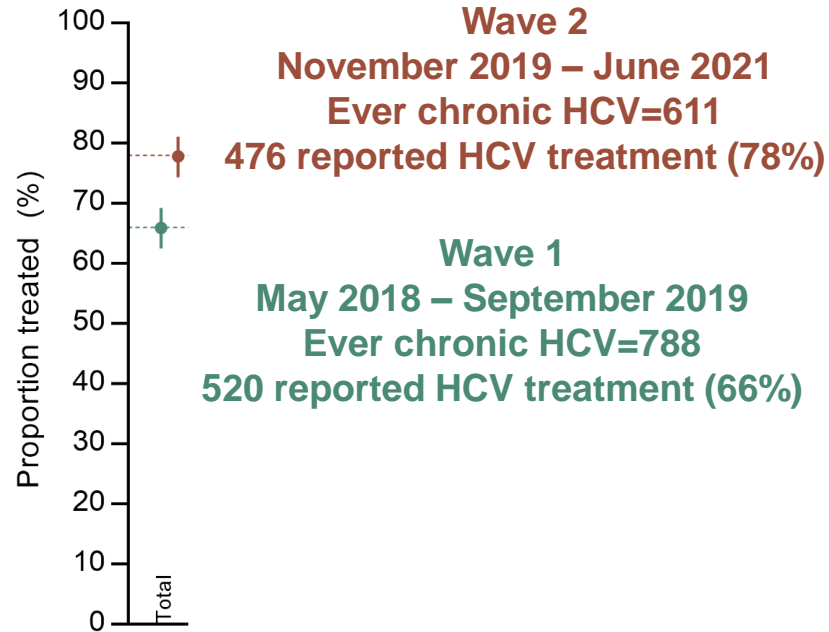


# ETHOS Engage Results: Current HCV infection

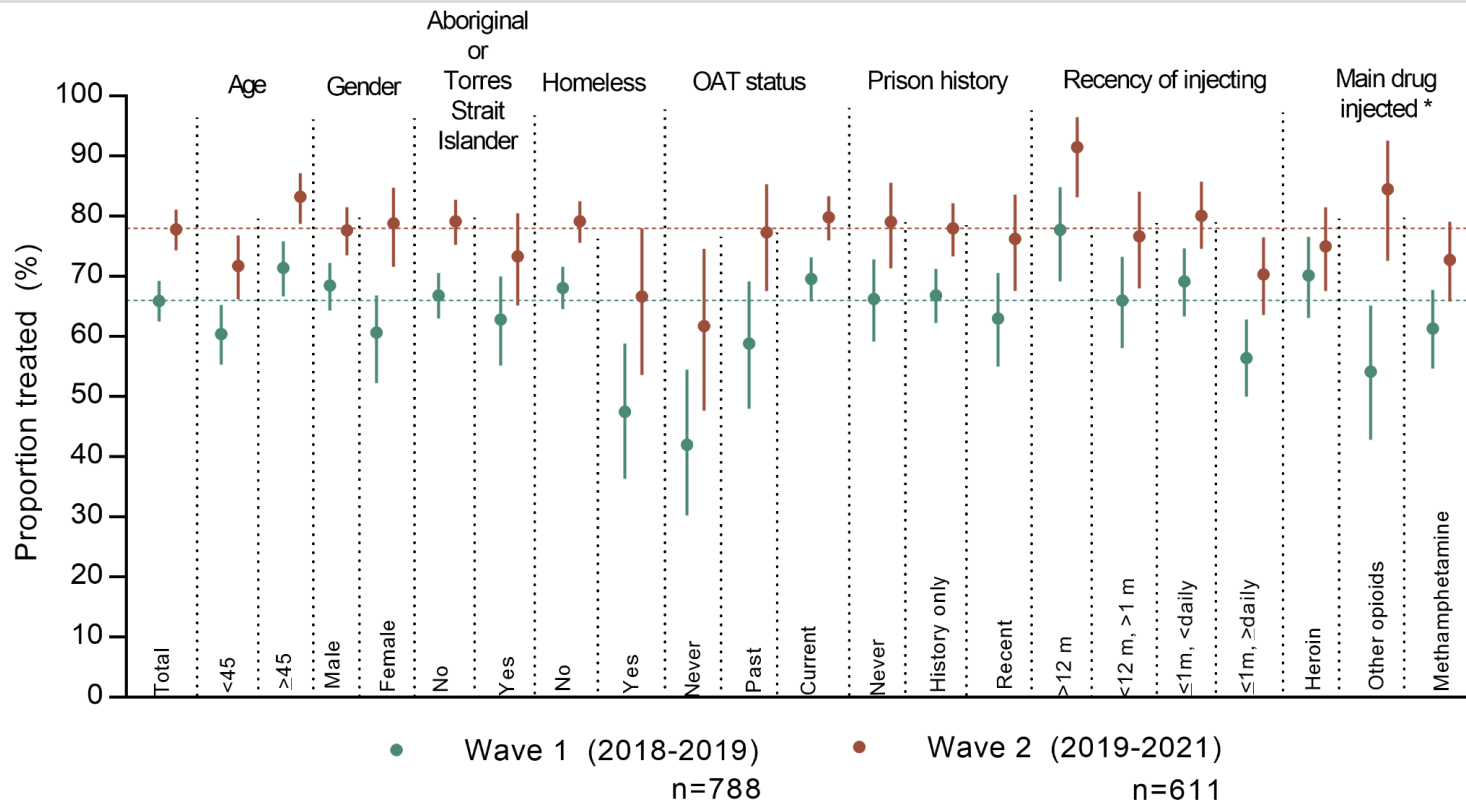


\*Main drug injected in last month, excludes data for participants injecting other drugs due to small numbers; variable not used in adjusted analysis due to collinearity with recency of injecting  
Data for transgender and other gender identities not shown due to small numbers

# ETHOS Engage Results: HCV treatment

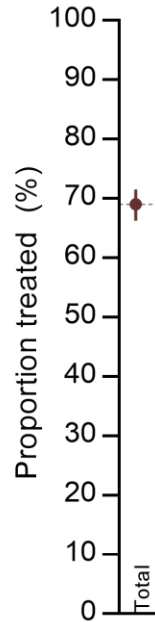


# ETHOS Engage Results: HCV treatment



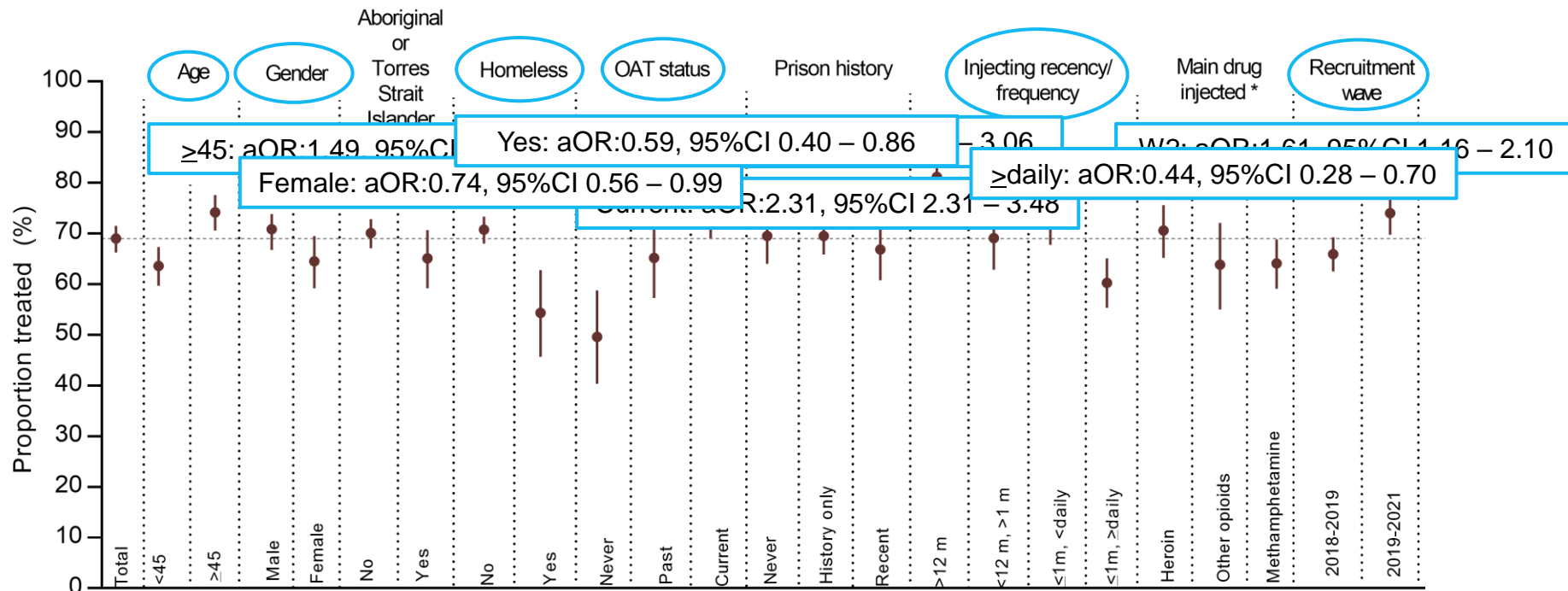
\*main drug injected in the last month; data for transgender and other gender identities not shown due to small numbers; data for those mainly injecting other drugs in the last month not shown due to small numbers

# ETHOS Engage Results: HCV treatment



**Combined Analysis**  
**Ever chronic HCV=1,250**  
**862 reported HCV treatment (69%)**

# ETHOS Engage Results: HCV treatment



\*Main drug injected in last month, excludes data for participants injecting other drugs due to small numbers; variable not used in adjusted analysis due to collinearity with recency of injecting  
Data for transgender and other gender identities not shown due to small numbers

# Key Message

- Unrestricted DAA therapy continues to reach marginalised populations, with HCV treatment increasing from 66% to 78% ( $p < 0.001$ ) between recruitment waves
- There has been a significant reduction of HCV viremic prevalence, with current HCV infection decreasing from 24% to 15% ( $p < 0.001$ ).

# Conclusions

- Unrestricted DAA access in Australia has produced high treatment uptake and low HCV prevalence among people who inject drugs, across marginalised populations.
- To maintain momentum toward HCV elimination and achieve targets:
  - people with significantly higher active infection after adjusting for time (people who have been incarcerated, people who inject  $\geq$ daily, homeless)
  - and those significantly less likely to initiate HCV therapy after adjusting for time (younger, female, homeless, never OAT, people who inject  $\geq$ daily)
  - require additional support to encourage engagement with HCV care.

# ETHOS Engage Wave 3: Future direction

## Wave 1:

- **Complete!**
- Three years follow up to assess treatment uptake and outcomes underway
- Treatment uptake at two years follow up being presented at INHSU

## Wave 2:

- **Complete!**
- HCV POC TGA approved
- Financial incentives RCT;
- Three years follow up to assess treatment uptake and outcomes underway

## Wave 3:

- Commencing early 2022
- One-stop-shop model
- Adding naloxone training station

**ETHOS** ENGAGE

# Further information:



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## **INHSU 2021 presentations using ETHOS data :**

- Treatment uptake for HCV infection following an intervention to enhance linkage to care among people who inject drugs, Anna Conway
- Willingness among clients to participate in a randomised controlled trial involving financial incentives to initiate HCV treatment: A pilot study, Alison Marshall
- Prevalence and factors associated with hospitalisation for drug-related causes among people who inject drugs, Alice Wheeler
- Non-fatal opioid overdose, naloxone access, and naloxone training among people who recently used opioids or received opioid agonist treatment in Australia, Anna Conway