AN UPDATED ESTIMATE OF THE ANNUAL NUMBER OF NEW HEPATITIS C INFECTIONS AMONG PEOPLE WHO INJECT DRUGS IN AUSTRALIA

Authors:

Palmer A¹, Wilkinson A^{1,2}, Aitken C^{1,2}, Dietze P^{1,2,3} Dore G⁴, Maher L⁴, Sacks-Davis R^{1,2}, Stoové M^{1,2}, Wilson D¹, Hellard M^{*1,2,5,6,7}, Scott N^{*1,2} * Equal senior author

¹Disease Elimination Program, Burnet Institute, Melbourne, Victoria, Australia ²Department of Epidemiology and Preventive Medicine, Monash University ³National Drug Research Institute, Curtin University, Perth, Western Australia ⁴UNSW, Sydney, New South Wales, Australia

⁵Department of Infectious Diseases, The Alfred and Monash University, Melbourne, Victoria, Australia

⁶Peter Doherty Institute for Infection and Immunity, Parkville, Victoria, Australia ⁷School of Population and Global Health, University of Melbourne, Parkville, Victoria, Australia

Background: The recent downward revision of the estimated number of people living with chronic hepatitis C in Australia means the historical annual number of new hepatitis C infections should also be revised. We aimed to estimate the annual number of new hepatitis C infections among people who inject drugs (PWID) in Australia in 2015, prior to the introduction of direct-acting antiviral treatment (DAA) for hepatitis C, as an updated baseline measure for assessing the impact of DAAs on hepatitis C incidence over the next 10 years.

Methods: A systematic review identified articles containing estimates of hepatitis C incidence rates among PWID in Australia between 2002 and 2015. Reported incidence rates were adjusted to account for estimated needle and syringe program (NSP) coverage among study participants relative to PWID overall. The total number of PWID in Australia and the hepatitis C RNA prevalence among PWID were taken from published estimates. The annual number of new infections was estimated by multiplying the pooled NSP-coverage-adjusted incidence rate by the number of susceptible PWID in 2015.

Results: Five studies were included, with unadjusted incidence rates ranging from 7.6 to 12.8 per 100 person-years. The overall pooled incidence rate (after adjusting for NSP coverage) was 9.9 per 100 person-years (95% CI: 8.2–11.8). This resulted in an estimate of 4,126 (range 2,469–6,405) new hepatitis C infections among PWID occurring in 2015.

Conclusion: This updated 2015 estimate is lower than most previous estimates of the annual number of new infections among PWID in Australia. Our updated estimate provides an important baseline for evaluating the impact of hepatitis C elimination efforts and can be used to validate outcomes of future modelling studies.

Disclosure of Interest Statement: The authors gratefully acknowledge the support to the Burnet Institute provided by the Victorian Government Operational Infrastructure Support Program. NS & PD have received investigator-initiated research funding from Gilead Sciences. MH and the Burnet Institute receive investigator-initiated research funding from Gilead Sciences, Merck, AbbVie and Bristol-Myers Squibb (BMS). GD is an advisory board member and receives honorarium from Gilead, Merck, and AbbVie, has received research grant funding from Gilead, Merck and AbbVie, and travel sponsorship from Gilead, Merck and AbbVie. PD has received an untied educational grant from Indivior unrelated to this study and has served as an unpaid member on an Advisory Board for Mundipharma. MS is an advisory board member and receives an honorarium from Gilead, and has received investigator-initiated funding from Gilead Sciences, AbbVie and BMS for research unrelated to this work. LM receives salary support from NHMRC Fellowship GNT1154839. PD receives support from NHMRC Fellowship 1136908. No pharmaceutical grants were received in the development of this study.