

Characterisation of populations with hepatitis C to improve access to antiviral therapy programs: a population-based linkage study

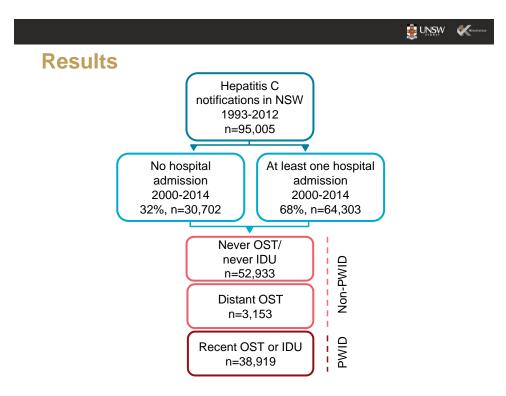
Maryam Alavi¹, Janaki Amin^{1,2}, Hamish McManus¹, Jason Grebely¹, Matthew G Law¹, Naveed Z Janjua^{3,4}, Mel Krajden^{3,5}, Behzad Hajarizadeh¹, Jacob George⁶, Gail V Matthews¹, Sarah Larney⁷, Louisa Degenhardt⁷, Gregory J Dore¹

¹The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia; ²Department of Health Systems and Populations, Macquarie University, Sydney, NSW, Australia; ³British Columbia Centre for Disease Control, Vancouver, British Columbia, Canada; ⁴School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada; ⁵Department of Pathology and Laboratory Medicine, University of British Columbia, Vancouver, British Columbia, Canada; ⁶Storr Liver Centre, Westmead Millennium Institute, University of Sydney and Westmead Hospital, Westmead, NSW, Australia; ⁷National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, Australia

👼 UNSW 🛛 🜾 Constant

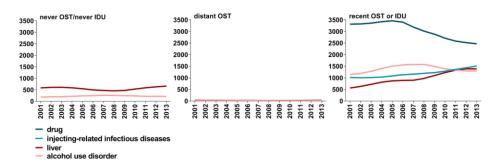
Background & Methods

- The aim of this study was to define populations of PWID with hepatitis C, and evaluate common co-morbidities among PWID and non-PWID populations
- NSW hepatitis C notifications 1993-2012 were linked to OST data 1985-2014 and hospital admission data 2000-2014 (by NSW Centre for Health Record Linkage)
- PWID populations were defined on the basis of receipt of OST and IDU-related admissions





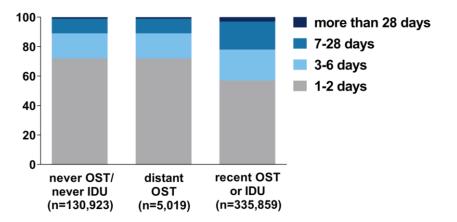
Numbers of cause-specific hospital admissions among NSW people with a hepatitis C notification 1993-2012, n=64,303



 Among PWID, numbers of injecting-related infectious diseases- and liverrelated admissions increased from 1,045 and 516 in 2001 to 1,548 and 1,271 in 2013, respectively

Results

Distribution of multi-day hospital admissions among NSW people with a hepatitis C notification 1993-2012, n=64,303



· Among PWID, 44% of episodes were three days or longer

👼 UNSW 🛛 🕊 Keeyhaala

🍓 UNSW

Ke

Conclusions

- The burden of liver disease and injecting-related infectious
 disease is increasing among PWID in NSW
- Challenges to hepatitis C elimination as a global health concern among PWID include poor access to health services, suboptimal hepatitis C testing, linkage to care and treatment uptake
- Hospitalisation presents an opportunity for enhanced hepatitis
 C screening and linkage to care