The hepatitis C cascade of care for opioid agonist therapy recipients in ACCESS participating clinics in Australia.

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BACKGROUND

- People prescribed opioid agonist therapy (OAT) are a key population for hepatitis C virus elimination.
- Health service engagement associated with OAT provision may facilitate HCV testing and treatment.
- ACCESS is a sentinel, national health surveillance network for monitoring, testing, treatment, and management of BBVs and STIs.
- We aim to quantify the testing and treatment cascade among people receiving OAT in Australia.

METHODS

We extracted linked data from individuals attending primary and sexual health clinics in the ACCESS surveillance network from 2016 to 2023.

We estimated the number of individuals at each stage of the following cascade by the end of the study period:

Positive HCV antibody → HCV RNA test → Positive HCV RNA test → DAA script

Individuals enter the cascade at the date of their first OAT prescription.

Individuals with an observed positive RNA were inferred as antibody positive, and individuals with an observed DAA prescription were inferred as RNA and antibody positive.

We calculated total time in the cascade, defined as time (days) between the first observed positive HCV antibody test and DAA prescription.

CASCADE OF CARE

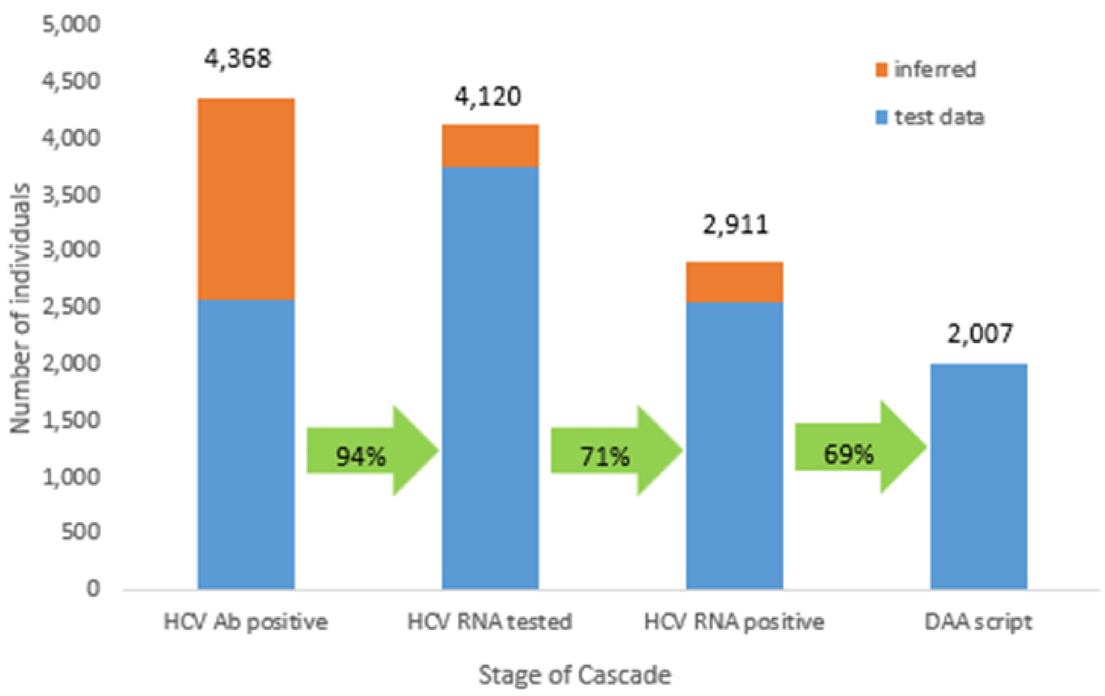

Figure 2: The hepatitis C cascade of care among individuals with at least one electronic prescription for OAT, ACCESS, Australia, 2016–2023, N=4,368

PATIENT FLOW CHART

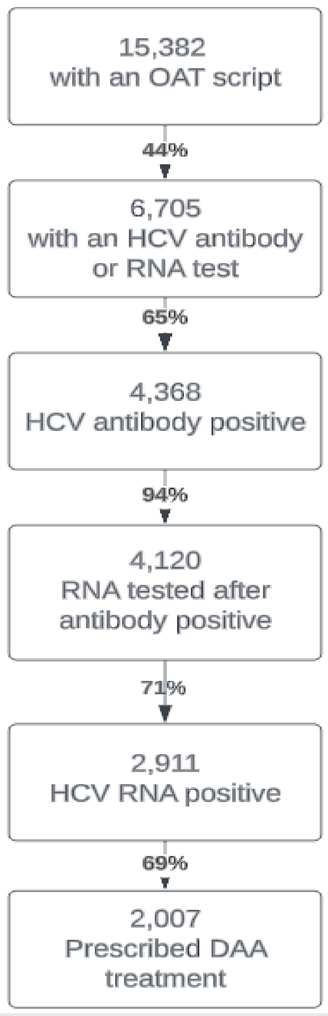

Figure 1. Patient flow chart through hepatitis C testing and treatment, ACCESS, Australia, 2016–2023, N=15,382. Data includes observed and inferred data. Denominators for percentage calculations are the number of participants at the preceding cascade stage.

TIME TO TREAT ANALYSIS

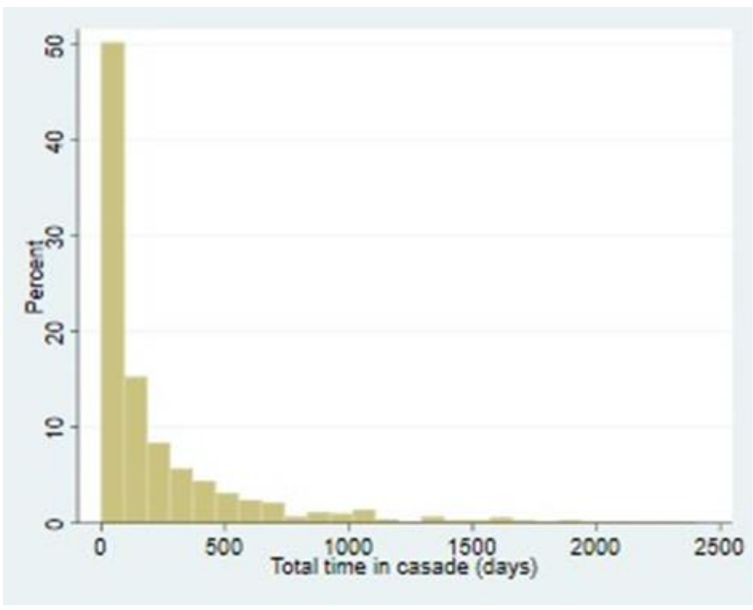

Figure 3. Total time in cascade from first HCV antibody positive result to DAA script for individuals with at least one electronic prescription for OAT, ACCESS, Australia, 2016–2023. (n=723)

Median total time in the cascade (days between first positive HCV antibody and DAA prescription) = 91 days (IQR 32–295)

The median total time in the cascade decreased from 189 days (IQR 96–437) in 2016 to 43 days (IQR 17–77) in 2022.

CONCLUSION

- A high proportion of people prescribed OAT were not engaged in care by their OAT provider or across the ACCESS network.
- Once diagnosed, retention in care is high among those prescribed OAT, with 94% of HCV antibody positives being RNA tested.
- The median total time in the cascade decreased from 2016 to 2022, indicating is improving.
- Given the high prevalence of antibody and RNA positivity among those tested, integrating HCV care into regular OAT care should be a priority for elimination.

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