

ACCESSING HEPATITIS C TREATMENT IN NEW SOUTH WALES: WHERE ARE PEOPLE WHO INJECT DRUGS BEING TREATED?

L GEDDES¹, L MAHER¹, B CURRIE², T DUCK² AND J IVERSEN¹

¹ VIRAL HEPATITIS EPIDEMIOLOGY AND PREVENTION PROGRAM, THE KIRBY INSTITUTE UNSW SYDNEY, SYDNEY, AUSTRALIA

² NSW MINISTRY OF HEALTH, CENTRE FOR POPULATION HEALTH

Acknowledgement:

We would like to thank the attendees of New South Wales Needle Syringe Programs (NSP) who participated in the data collection, and the NSP staff and managers who worked with NSP attendees to collect the data presented.

Disclosures:

- The NSW Needle Syringe Program Enhanced Data Collection (NNEDC) project is part of the Bloodborne viruses and sexually transmissible infections Research, Strategic Interventions and Evaluation (BRISE) program, funded by the NSW Ministry of Health.
- JI & LM are supported by National Health and Medical Research Council (NHMRC) Fellowships
- No Conflicts of interest to declare

Join the Conversation @ASHMMEDIA  #VH18


- In 2015, 81,000 people were estimated to be chronically infected with hepatitis C virus (HCV) in NSW¹.
- As of March 2018, 26% of people living with HCV in NSW had accessed direct-acting antiviral (DAA) treatment².
- While information regarding DAA prescribers is currently available, information regarding the health care setting where treatment was accessed from is not.
- The current study aimed to determine:
 - i) The proportion of people who inject drugs (PWID) attending NSPs in NSW who reported DAA treatment; and
 - ii) The health care settings where treatment was accessed.

METHODS:

- The NNEDC is conducted annually over a two week period in all primary and some secondary NSPs throughout NSW (~50 sites).
- Consenting NSP attendees completed a self-administered questionnaire covering demographic characteristics and injection risk behaviours.
- Additional questions were included in the 2018 NNEDC covering HCV status, uptake of HCV treatment and health care setting where treatment was accessed.
- Ethical approvals for the data collection were obtained from Sydney LHD Ethics Review Committee (RPAH Zone) and the Aboriginal Health and Medical Research Council (AH&MRC).



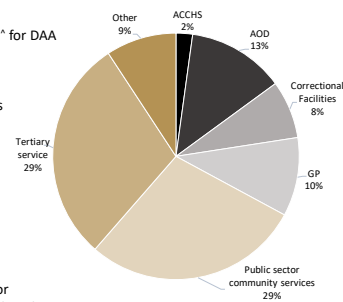
Source: ¹ Hepatitis B and C in Australia Annual Surveillance Report Supplement 2016
² The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (Issue 9). The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, July 2018 [available online at: <https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-9-july-2018>]

Join the Conversation @ASHMMEDIA  #VH18

RESULTS:

www.hepatitis.org.au

- A total of n=2,460 NNEDC respondents completed the additional HCV questions in 2018.
- 48% (n=1,190) of NNEDC respondents self-reported a previous HCV infection.
 - 21% (n=243) self-reported spontaneously clearing their infection; and
 - 11% (n=125) self-reported receiving interferon based treatment.
- Among the n=848 respondents who were determined to be likely as eligible* for DAA treatment, 53% (n=449) self-reported receiving DAA treatment.
- DAA treatment was accessed from >120 different locations.
- Among respondents who reported accessing DAA treatment, treatment was accessed through:
 - Tertiary services (29%)
 - Public sector community services (29%)
 - Alcohol and other drug settings (13%)
 - GPs and medical centres (10%)
 - Correction facilities (8%)
 - Aboriginal Community Controlled Health Services (2%)
 - Other (9%)
- Respondents who were male, aged 46 years or older, identified as bisexual or homosexual or reported injecting less than daily were significantly more likely to have reported accessing DAA treatment.



*Assumes 55% cure among respondents who reported interferon-based therapy. Denominator excludes this group, those who reported spontaneous clearance and those with no valid response

Join the Conversation @ASHMMEDIA #VH18

LIMITATIONS:

www.hepatitis.org.au

- In the absence of serological testing, self-reported data was used in the NNEDC
 - However, NNEDC findings (exposure to HCV, spontaneous clearance rate and uptake of interferon based treatment) are consistent with bio-behavioural surveillance systems, thus supporting the validity of self-reported NNEDC data.

CONCLUSIONS/IMPLICATIONS:

- PWID are an important population who require access to DAA treatments. Monitoring where PWID in NSW are accessing HCV treatment is crucial to guide the allocation of resources at the local level to meet treatment targets and ensure equitable access to treatment.
- 53% of NNEDC respondents who were determined to be eligible self-reported receiving DAA treatment. This is considerably higher than the 26% of people living with HCV who had accessed DAA treatment in NSW at the end of December 2017¹.
 - This suggests that NSP attendees may be provided with greater opportunities and support to access testing and DAA treatment than other sub-populations of people living with chronic HCV.
- The majority of respondents (58%) who reported accessing DAA treatment, reported accessing treatment through tertiary or public sector community services.
- Respondents who were male, aged 46 years or older, identified as bisexual or homosexual or reported injecting less than daily were significantly more likely to have reported accessing DAA treatment.

Source: ¹ The Kirby Institute. Monitoring hepatitis C treatment uptake in Australia (Issue 8). The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, July 2018 (available online at: <https://kirby.unsw.edu.au/report/monitoring-hepatitis-c-treatment-uptake-australia-issue-8-july-2018>).

Join the Conversation @ASHMMEDIA #VH18