

TREATMENT UPTAKE FOR HEPATITIS C INFECTION FOLLOWING AN INTERVENTION TO ENHANCE LINKAGE TO CARE AMONG PEOPLE WHO INJECT DRUGS: THE ETHOS ENGAGE STUDY

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Background/Aims

Background: Despite unrestricted government subsidised direct-acting antiviral therapy for HCV since March 2016, gaps in treatment uptake remain.

Aims: Following an intervention to enhance linkage to care among people who inject drugs...

- What proportion of people initiated HCV treatment?
- How long did people take to initiate HCV treatment?
- What factors were associated with time to HCV treatment initiation?





Methods:



ETHOS Engage- observational cohort study

Location: 25 sites across Australia, OST clinics, drug & alcohol treatment, NSP sites **Wave 1 campaign days:** May 2018 – September 2019

Study team: university academic and professional staff, peer support worker(s), and local clinical personnel

Inclusion criteria:

- ✓ Written informed consent;
- ☑ History of injecting drug use;
- ☑ Recent injecting drug use (previous 6 months) OR currently receiving OAT.

Exclusion criteria:

Recruitment: 1,468 people





Methods: ETHOS Engage campaign days

5. Clinical Assessment

Consultation with clinic nurse

4. Point-of-care testing GeneXpert & DBS



Clinic Waiting Area



Peer support worker

3. Fibroscan
Median stiffness

1. Study Enrolment Informed consent

2. Participant Survey

Demographics Injecting history HCV experience







Methods:



HCV RNA results were returned to clinics after quality assurance checks. Clinic staff contacted people with HCV ETHOS ENGAGE RNA +ve result to initiate treatment.

Sites reported treatment follow-up annually over two years

Survival analysis techniques using Kaplan-Meier estimator and Cox regression model

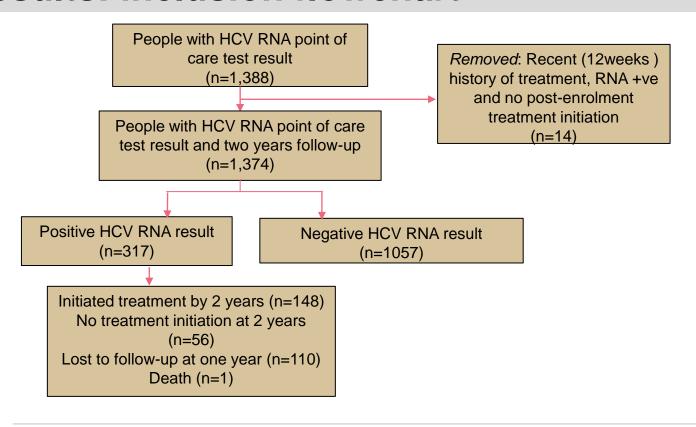
Event: Date of HCV treatment prescription

Observation time endpoint: First of the following: two years/ treatment initiation/ lost to follow-up/ death





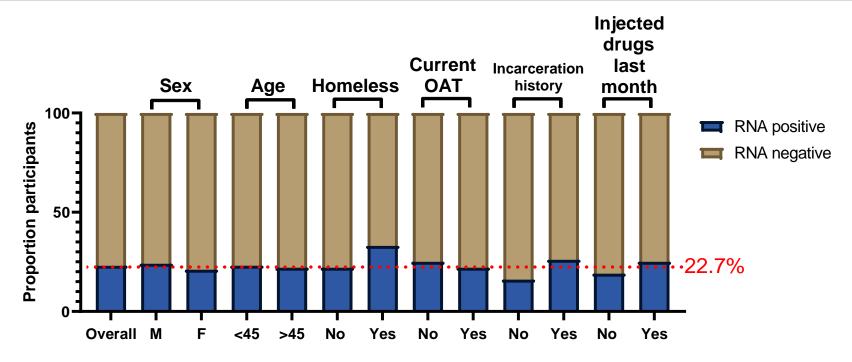
Results: inclusion flowchart







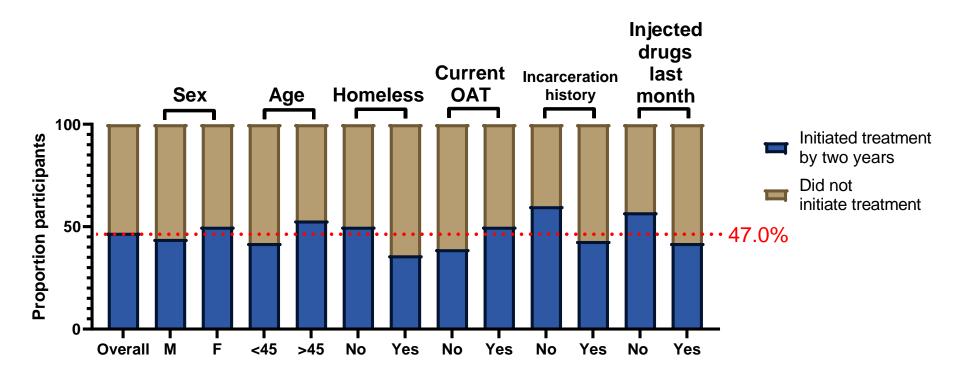
Results: HCV RNA result (N=1374)





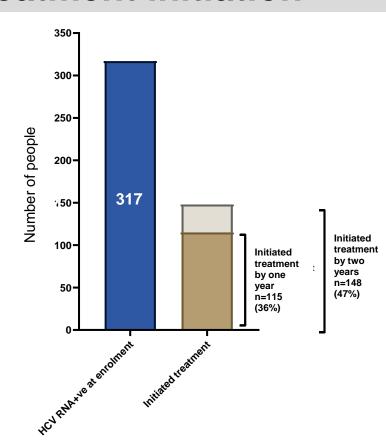


Results: HCV treatment initiation among HCV RNA+ve (n=317)





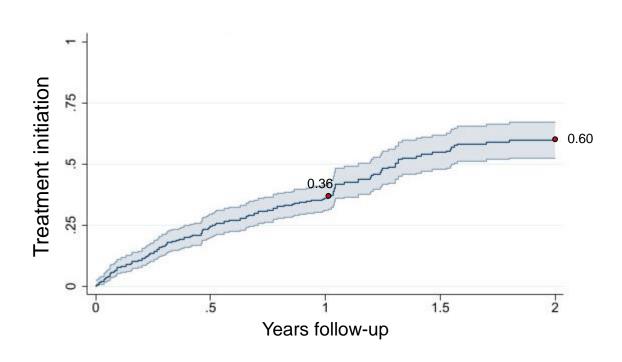








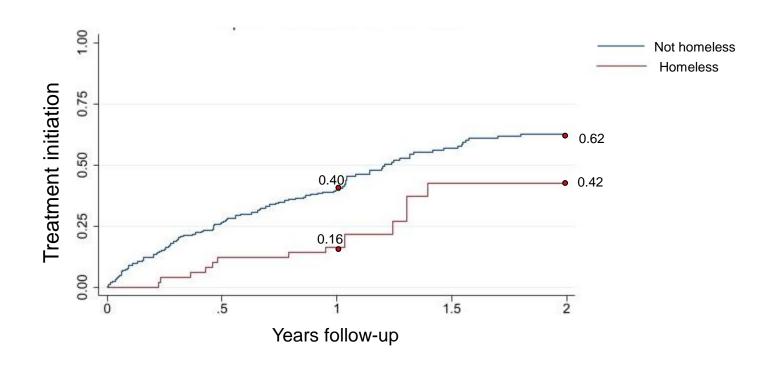
Overall







By homelessness

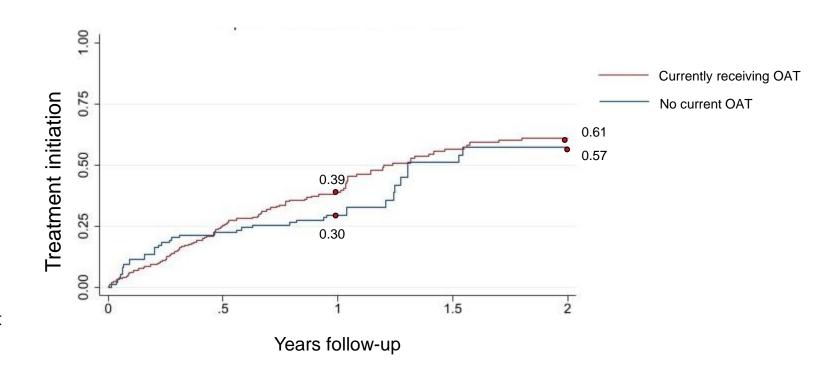


Log-rank test P=0.004





By current OAT



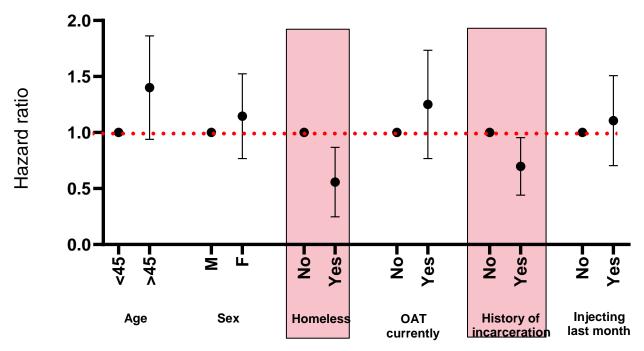
Log-rank test P=0.286





ETHOS Engage Results: HCV treatment uptake

Cox proportional hazards model







Conclusions

- Co-locating HCV testing and drug treatment services can be an effective way to improve access to HCV treatment
- 36% and 47% of people with positive HCV RNA result in ETHOS Engage Wave 1 had initiated treatment by one and two years respectively
- Homelessness and history of incarceration are associated with decreased treatment initiation
- Same day test and treat models needed to reduce gaps in treatment initiation





ETHOS Engage: Current & future direction



- Second wave complete
- TGA approval
 of Cepheid
 point of care
 test machine
 enabled results
 to be provided
 to clinic an hour
 after testing
 - Third wave will begin 2021
 - Third wave "one stop shop" model





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A better way.

















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A better wav.

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