

## **IMPLEMENTING ELIMINATION STRATEGIES – INCREASE UPTAKE OF HEPATITIS C TESTING AND TREATMENT FOR PEOPLE WHO USE DRUGS**

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**Aim of Abstract:** Between March and December 2016, an estimated 32,400 people initiated direct-acting antiviral (DAA) therapy for HCV infection in Australia, equating to 15% of the all people living with chronic HCV. However, the population treated to date represents those predominantly engaged in healthcare and motivated to receive therapy. Among people who inject drugs (PWID), DAA uptake has been encouraging, with higher DAA uptake associated with opioid substitution therapy (OST) and less frequent injecting. But, there is a need to link marginalised and less connected people to health services. Continued engagement of large numbers of HCV patients in treatment will require novel community-based strategies to enhance testing, linkage to care and treatment in high prevalence and high-risk populations, such as PWID. This session will discuss strategies to enhance testing, linkage to care and treatment among PWID, key settings, and partnerships required for delivery of HCV testing and treatment to achieve HCV elimination among PWID (including strategies being implemented on the ground), the role of primary care and drug and alcohol providers in elimination efforts, and community-based health promotion strategies to enhance HCV care among people who inject drugs.

### **Presentation 1 – Settings and partnerships to achieve HCV elimination among people who inject drugs in Australia.**

### **Presenting Authors:**

PEDRANA A<sup>1,2</sup>, Doyle J<sup>1,3</sup>, Thompson A<sup>4,5</sup> and Hellard M<sup>1,3</sup>, on behalf of the Eliminate Hepatitis C Partnership and related projects.

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**Introduction / Issues:** Modelling suggests WHO targets for hepatitis C virus (HCV) elimination by 2030 can be achieved if treatments are targeted towards people who inject drugs (PWID). In Australia, universal access to direct-acting antivirals (DAAs) for all chronically infected patients removes key policy impediments making elimination targets achievable. To ensure large-scale access to HCV treatment for PWID, treatment needs to be delivered in settings where PWID already access health programs including opioid substitution therapy (OST), drug treatment clinics, needle and syringe programs (NSP) and in prisons. However, this shift requires an integrated, partnership approach from providers, policy makers, community organisations and drug user networks.

**Method / Approach:** This presentation reviews various key projects throughout Australia that are investigating HCV elimination strategies including amongst hepatitis C/HIV coinfection populations, prison populations, opioid substitution settings and in outreach settings using a novel network approach to treatment.

**Key Findings:** These projects are providing crucial evidence for the effectiveness of key HCV elimination strategies, and have identified nurse-led and shared care models as central to achieving the population coverage needed to realise elimination. Key partnerships have also been identified as critical to ensuring the scale up and sustainability of such strategies, including, between tertiary- and community- services providers, training and education providers, government and correctional facilities, community organisation, professional peak bodies and researchers.

**Discussion and Conclusions:** There are a number of key projects that are investigating HCV elimination strategies, however, these have largely been demonstrated through clinical trials limiting their coverage and potential impact.

**Implications for Practice or Policy:** Scale-up of these efforts will require partnerships and considerable health services strengthening to implement such strategies at a population and health-system level.

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## **Presentation 2 – Enhancing HCV testing, linkage to care and DAA treatment for people who inject drugs.**

### **Presenting Authors:**

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**Introduction / Issues:** Hepatitis C virus (HCV) testing, linkage to care and treatment among people who inject drugs (PWID) in the interferon era has remained low. Simple, tolerable, and effective DAA HCV therapies have eliminated interferon as a major barrier to HCV scale-up in PWID and dramatically simplified diagnostic and monitoring needs. However, in order for these therapies to have an effect at a population level, targeted interventions to enhance HCV testing, linkage to care, and treatment (“the HCV care cascade”) are needed.

**Method / Approach:** This presentation reviews available evidence on strategies that have been successfully used to enhance HCV testing, linkage to care and treatment among PWID.

**Key Findings:** Potential strategies to improve HCV testing include education and counselling by health professionals with on-site HCV testing, and simplified testing, including dried blood spot testing, and point-of-care HCV testing (including finger-stick point of care HCV RNA testing). Simplified HCV testing, including dried blood spot testing and point-of-care HCV testing has also been shown to facilitate linkage to HCV care. Other strategies that have been demonstrated to facilitate linkage to HCV care and treatment include, non-invasive liver disease screening using transient elastography (FibroScan®) with facilitated referral to care, integrated HCV care, patient navigation programs, and telemedicine.

**Discussion and Conclusions:** There are a number of interventions that have been evaluated to enhance HCV testing, linkage to care and treatment among people who inject drugs. However, the majority of studies are uncontrolled and conducted in the interferon-era.

**Implications for Practice or Policy:** There is a need to simplify interventions to enhance testing, linkage to care and treatment to facilitate broad scale-up of DAA therapy and HCV elimination among PWID.

**Disclosure of Interest Statement:** JG is a consultant/advisor and has received research grants from Abbvie, Bristol Myers Squibb, Cepheid, Gilead, Janssen, and Merck.

**Presentation 3 – Rapid point-of-care testing for hepatitis C in community clinics: A shared care model of general practitioners, nurses and community workers to achieve HCV elimination among people who inject drugs in Australia.**

**Presenting Authors:**

BRAMWELL F<sup>7</sup>, LAYTON C<sup>7</sup> on behalf of the Rapid EC Study.

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**Introduction / Issues:** To ensure treatment access to people at high-risk of Hepatitis C, additional efforts are needed to encourage people who inject drugs (PWID) to access testing in community services that are convenient to them. This project explores the feasibility and acceptability of providing rapid hepatitis C (HCV) point-of-care testing at a primary healthcare centre (PHC) for PWIDs using a shared care model of community health workers, nurses and general practitioners.

**Method / Approach:** This pilot study of rapid point-of-care testing for HCV aims to reach over 200 current or past PWID over the age of 18 years, who will be consecutively recruited and consented to the study at a high caseload PHC, assessing uptake of rapid testing and treatment.

**Key Findings:** Providing all the steps needed for HCV diagnosis, liver assessment and treatment in one place along with rapid point-of-care testing overcomes one of the main barriers to linkage to care and increases HCV treatment uptake and ultimately SVR rates in PWID. Providing services using a shared care model of community health workers, nurses and general practitioners enhances the patient experience and address fears of stigma and discrimination that may be another barrier to linkage to care.

**Discussion and Conclusions:**

HCV rapid point-of-care testing delivered in community sites is acceptable and convenient and therefore feasible to deliver to individuals at high risk of HCV infection in PHC.

**Disclosure of Interest Statement:**

The Rapid EC Study is supported by an Australia Hepatitis Fellowship grant from Gilead Sciences and receives additional support through the St Vincent's Hospital Foundation, Shepherd Foundation and Cepheid.

## **Presentation 4 – Community-based health promotion strategies to enhance HCV care among people who inject drugs**

### **Presenting Authors:**

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**Introduction / Issues:** Australia is yet to take full advantage of the role, value and importance of peer-based programmatic approaches for ensuring the effective roll-out of the new hepatitis C (HCV) treatments among those most affected – that is, people who inject drugs (PWID). Despite the unprecedented opportunity presented by the availability of the new treatments, the fact remains that those most affected by hepatitis C are still largely hidden and disconnected from the health system and are likely to stay that way without targeted education and support.

**Method / Approach:** This presentation examines recent Australian HCV strategies including the provision of universal access to direct-acting antivirals (DAA) regardless of acquisition, genotype or severity of disease. We present key strategies for the effective involvement of the PWID peer workforce in the rollout of the DAAs.

**Key Findings:** There is a need to for greater investment in new and innovative HCV+ PWID peer education approaches for HCV treatment that add value to existing models of care (including nurse led models) to improve pathways and support people across their entire treatment journey. Key components include workforce development for the PWID peer workforce, developing new, targeted peer education resources and promoting linkages and partnerships between peer-based and HCV treatment service providers in primary and community settings.

**Discussion and Conclusions:** Our approach to HCV elimination needs to take account of people's broader lives, their vulnerabilities, their life journeys and their potential points of connection, engagement and access.

**Implications for Practice or Policy:** Peer-based organisations and networks provide that unique point of engagement and access for those HCV+ PWID for whom the health system is an unfamiliar even forbidding place or for whom hepatitis C is but one of many overwhelming issues in the lives.

**Disclosure of Interest Statement:** None to declare.