

HEPATITIS C TREATMENT UPTAKE IN PRISON AND COMMUNITY SETTINGS IN NEW SOUTH WALES, AUSTRALIA: A POPULATION-LEVEL ANALYSIS ACROSS THE DIRECT-ACTING ANTIVIRAL ERA (2016–2021)

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Background

Australia's introduction of government-reimbursed, unrestricted direct-acting antiviral (DAA) therapy for hepatitis C (HCV) infection in 2016 provided an opportunity to evaluate real-world treatment uptake. This study examined DAA uptake across among people with HCV infection in community and prison settings during the DAA era in New South Wales, Australia.

Methods

Treatment-naïve adults with an HCV notification in 2016–2021 were linked to treatment dispensing and incarceration records. Treatment uptake following notification was evaluated in early DAA (2016–2018) and pan-genotypic DAA (2019–2021) eras, and by prison and community notification setting. Kaplan-Meier curves and logistic regression assessed time to treatment and factors associated with timely initiation (within 6 months).

Results

Of 15,665 individuals notified with HCV, an estimated 10,088 had chronic HCV (2016–2018: n=6,048; 2019–2021: n=4,041). DAA uptake at 6, 12, and 24 months post-notification among people notified in 2016–2018 (n=3,325) was 37%, 49%, and 59%, and among people notified in 2019–2021 (n=2,543) was 51%, 59%, and 65%. Treatment uptake at 6 months among those notified in prison increased from 38% (2016–2018) to 67% (2019–2021), and among those notified in community was 37% and 45%, respectively. In adjusted analysis, prison notification setting (vs. community: adjusted odds ratio [aOR] 2.39, 95% CI 2.03–2.82), older age (≥ 60 vs. ≤ 29 : aOR 1.86, 95% CI 1.59–2.17), and pan-genotypic era notification (aOR 1.82, 1.67–1.98) were associated with timely treatment. Female sex (aOR 0.81, 95% CI 0.73–0.89), recent drug-related hospitalisation (aOR 0.86, 95% CI 0.74–0.99), HBV coinfection (aOR 0.64, 95% CI 0.48–0.87), and alcohol use disorder (aOR 0.88, 95% CI 0.79–0.97) were associated with lower odds of timely treatment.

Conclusion

HCV treatment uptake following notification improved across the DAA era, particularly in prison setting. Disparities among women and people with comorbidities suggest further efforts are needed in HCV care.

Disclosure of Interest Statement

The Kirby Institute is funded by the Australian Government Department of Health, Disability and Ageing. Gregory Dore reports research support from Gilead and AbbVie. Gail Matthews reports grants from ViiV and Janssen and honoraria from ViiV and Gilead. Jason Grebely has received research grants from AbbVie, Biolytical, Cepheid, Gilead, and Hologic, and honoraria from AbbVie, Abbott, Cepheid, Gilead, and Roche. Marianne Martinello has received consulting fees from AbbVie. All remaining authors have no potential conflicts to declare.