

OPPORTUNITIES FOR ENGAGING PATIENTS IN CARE ALONG THE HEPATITIS C CASCADE OF CARE

Traeger M¹, Pedrana A^{1,2}, Wilkinson A^{1,2}, Bramwell F³, Membrey D³, Nguyen L¹, El-Hayek C¹, Doyle J^{1,4}, Howell J^{1,5}, Thompson A^{5,6}, Guy R⁷, Donovan B⁷, Stoové M^{1,2}, Hellard M^{1,2,4}.

¹Disease Elimination Program, Public Health Discipline, Burnet Institute, Melbourne, Australia; ² Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia; ³ Cohealth, General Practice, Melbourne, Australia, ⁴Department of Infectious Diseases, The Alfred and Monash University, Melbourne, Australia; ⁵Department of Gastroenterology, St Vincent's Hospital Melbourne, Melbourne, Australia; ⁶Department of Medicine, University of Melbourne, Melbourne, Australia. ⁷The Kirby Institute, Faculty of Medicine, UNSW, NSW, Australia.

Background:

Australian hepatitis C elimination strategies focus on testing and treatment uptake among people who inject drugs (PWID) and retaining patients in clinical care. We describe HCV testing and linkage to treatment among patients attending health services in Victoria, Australia post-DAA introduction.

Methods:

Patient data were retrospectively extracted from 17 clinics providing services targeting PWID and participating in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS). We calculated the annual number of individuals tested and proportion positive for HCV antibodies and RNA. Among antibody-positive patients, we calculated the proportion who had a reflexive RNA test (performed on the same antibody-positive blood collection), and the proportion RNA tested within 3 months, annually. The proportion prescribed DAA treatment within 3 months of a positive RNA result was calculated.

Results:

The proportion of patients tested for HCV antibodies with a positive result was 14.3% (608/4255), 18.0% (748/4153) and 14.7% (677/4595) in 2016, 2017 and 2018, respectively. Between 2016-2018 the annual proportion of antibody-positive patients receiving reflexive RNA testing after a positive antibody result increased from 62.5%, to 73.7%, to 77.8%; the proportion with RNA testing within 3 months also increased from 73.4%, to 81.3%, to 84.3%. The annual proportion of patients tested for HCV RNA with a positive result was 68.7% (1180/1717), 44.4% (850/1913) and 32.3% (513/1590) from 2016-2018, demonstrating treatment impact. The proportion of patients with RNA-positive results prescribed DAA treatment within 3 months increased from 22.4%, 34.6%, to 41.1% over 2016-2018.

Conclusion: While HCV screening remained relatively stable from 2016-2018, follow-up RNA testing among antibody-positive patients increased. Linkage to treatment improved, however less than half of RNA-positive individuals in 2018 were prescribed treatment within 3 months, and the absolute number of patients treated decreased. To sustain treatment impact, efforts to increase in HCV testing are needed.

Disclosure of Interest Statement:

The authors acknowledge funding support through a National Health and Medical Research Council Partnership grant, supported by Gilead Sciences. The Burnet also receives funding support from the, Abbvie, GSK and Merck for investigator initiated research. The authors gratefully acknowledge the contribution of ACCESS participants, implementing sites and staff.