



Hepatitis C Virus Cascade of Care among people who inject drugs in Australia:

Factors associated with accessing testing and treatment in a universal healthcare system

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PWID at high risk of HCV

- Direct acting antiviral treatment can reduce HCV infection and mortality
- Large scale uptake of treatment needed
- Access to HCV testing, treatment, and retention in treatment among PWID low
- Given high risk of infection, targeting PWID is crucial to achieve necessary reductions
- To achieve this we need to know who is and who isn't engaging with the cascade of care.

Cascade of care improves understanding of continuum

- Adapted from framework used to monitor HIV care
- Improved understanding of HCV care, from diagnosis, to linkage to care, and completion of treatment

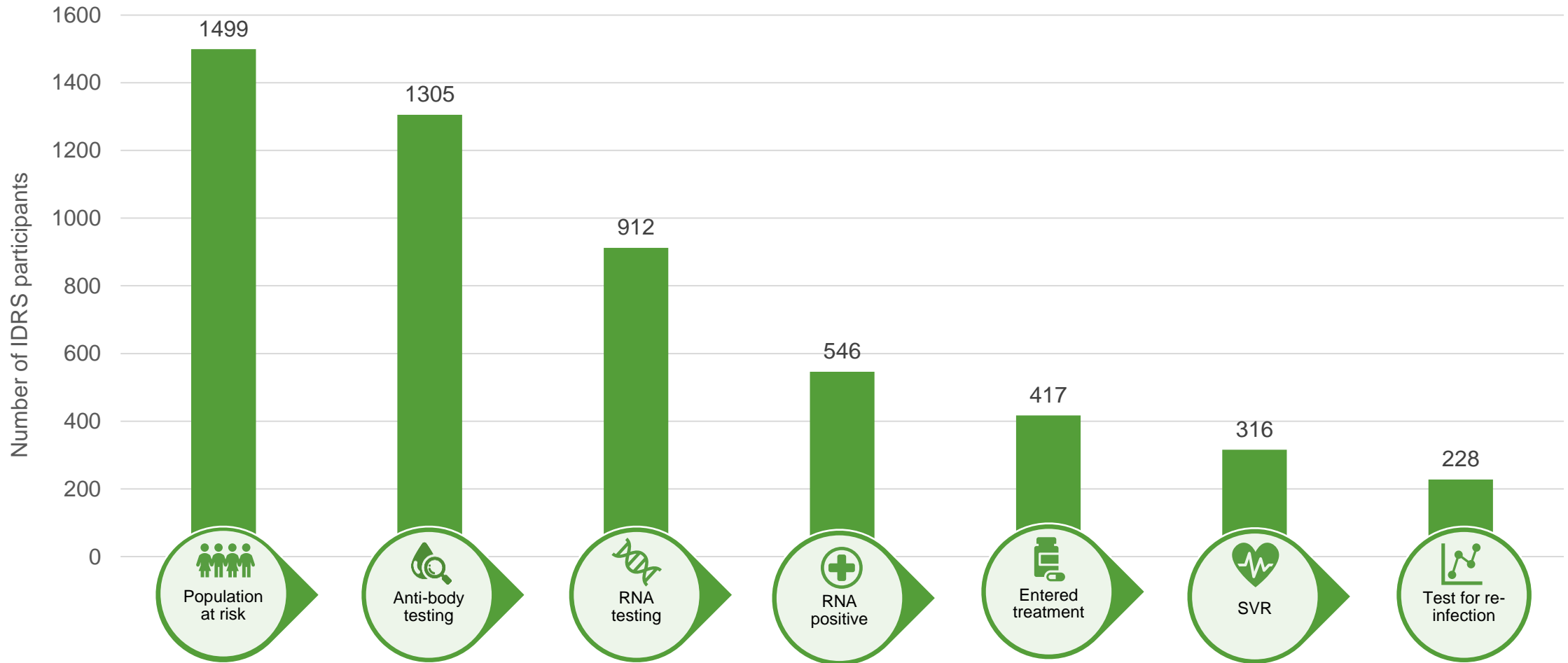
Aims

- Evaluate HCV testing, linkage to care, and treatment outcomes in a sample of people who regularly inject drugs in Australia; and
- Examine the sociodemographic, drug use, mental health, treatment and service engagement factors associated with engagement in the various stages of the cascade.

Design: Cross sectional study of people who regularly inject drugs across Australia

- Recruited from NSPs in capital cities in each state in 2018 and 2019
- Injected drugs at least monthly in the past 6 months
- Structured interview on drug use and related issues
- Multivariable regression was performed on four models:
 - Antibody testing
 - RNA testing
 - Treatment uptake
 - Testing for re-infection

HCV Cascade of Care, 2018-2019



Factors associated with antibody testing

- More likely to test:
 - Current OAT;
 - Older;
 - Very high psychological distress (K10);
 - History of incarceration; and
 - Attending AOD counsellor in the last 6 months.
- Less likely to test:
 - Methamphetamine as the drug injected most often in the last month.

Factors associated with RNA testing

- More likely to test:
 - Older;
 - Male gender;
 - Current OAT; and
 - History of incarceration.
- Less likely to test:
 - Methamphetamine or another drug as the drug injected most often in the last month (compared with those who mainly injected heroin).

Factors associated with treatment update

- More likely to start treatment:
 - Current OAT; and
 - Attend in AOD counsellor in the last 6 months.
- Less likely to start treatment:
 - Unstable housing; and
 - Receptive and/or distributive needle sharing in the last month.

Factors associated with re-testing

- More likely to re-test
 - Older; and
 - Attending an AOD counsellor.

Integrating services

- Regular contact with health services is protective
- Co-location of HCV testing and treatment with drug treatment services reported to improve accessibility of HCV services
- Integrating HCV education, testing, and treatment with services already subscribed by PWID may help achieve elimination targets.

Peer-to-peer messaging in prisons

- PWID in prison are concerned about maintaining confidentiality
- Positive engagement with testing – could be leveraged
- Effective in Irish and Australian prisons
- Reduce risk behaviour
- Positive impact on wellbeing

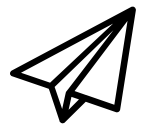
Target populations

- People who predominantly use methamphetamine
- People who are not eligible for, or do not seek, OAT

Simplified testing protocols

- High treatment willingness amongst those unhoused
- Rapid point-of-care testing & same day treatment prescription
- Flexible treatment options
- Targeted outreach services

Thanks!



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