When Treatment Access Does Not Equal Treatment Initiation: An Analysis of Clients Who Do Not Initate Direct Acting Antivirals

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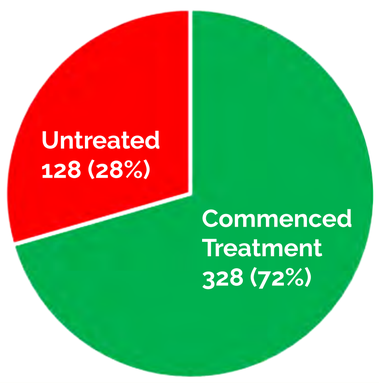
Introduction:

Elimination of hepatitis C virus (HCV) as a public health issue relies on high treatment uptake. With liberal access to direct acting antivirals in Australia, and recommendations for all people living with HCV to be treated, most people accessing clinical services should be treated.

In 2016 it was estimated that 230,000 people were living with hepatitis C, and of these 82% had been diagnosed. It is assumed that most people aware of their hepatitis C status would be able to access treatment. This study describes a cohort of individuals aware of their HCV diagnosis but who have yet to initiate treatment despite recommendation.

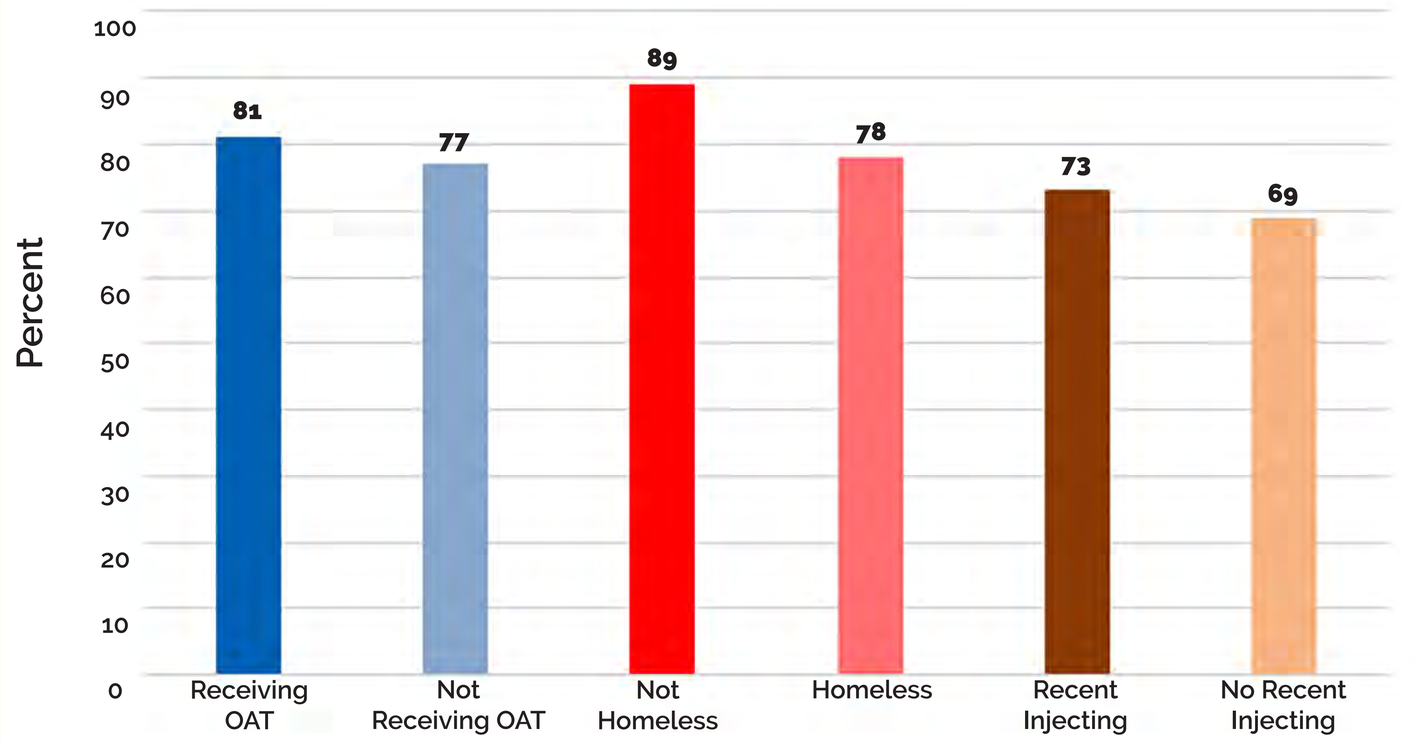
456 Individuals were Diagnosed and Assessed for DAA Treatment



Methods:

All clients with detectable HCV RNA worked up for DAA therapy between March 2016 and March 2019 at the Kirketon Road Centre in Sydney were included. Clients known to have been treated at another service were excluded. Demographic, behavioural, attendance and clinical variables were extracted from the clinic database. Clients known to the service for > 1 month prior to HCV assessment were considered existing clients. Factors associated with treatment uptake were examined using odds ratios.

Initiating Direct Acting Antivirals *



* in those with available data

Results:

During the timeframe **456** individuals were diagnosed and assessed for DAA treatment. Of these **328** individuals commenced DAAs at KRC and **128** clients remain untreated. Overall treatment uptake was therefore **72%**.

Of those with available data:
Clients receiving OAT were no more likely to initiate treatment - 134/165 (81%) vs those not receiving OAT - 192/249 (77%)
(OR 1.28 95% CI 0.79-2.09, p=0.318)
Those experiencing homelessness were less likely to initiate treatment 156/199 (78%) vs those not homeless - 172/194 (89%)
(OR0.46 95%CI 0.27-0.81 p=0.007)
Those reporting recent injecting drug use were equally likely to initiate treatment as those reporting no recent use - 250/343 (73%) vs 78/113 (69%)
(OR 1.21 95%CI 0.76-1.92 p=0.43)

No other demographic factors, including gender, Aboriginality, or other variables such as attendance at outreach or main site locations or duration of relationship with the service were significantly associated with lower treatment uptake.

Discussion:

Despite high overall treatment uptake, a significant proportion of clients remain untreated. Many still attend the service but have not commenced treatment despite offer. Significant social instability compromised capacity to work up and initiate these clients. Elimination of HCV will require strategies to support individuals who are able to access diagnostic and clinical services yet unable or unwilling to commence treatment.

Unsurprisingly, those reporting homelessness were less likely to initiate treatment. Opioid Agonist Therapy (OAT) was not associated with treatment uptake, thus the strategies for improving treatment initiation in those both attending and not attending for daily OAT dosing are required. However, data was less complete for those not initiating treatment. Those attending KRC but housed are still highly socially disadvantaged, and it is clearly important that current housing does not lead to an assumption of likely engagement in care. Understanding reasons for not initiating treatment, and reducing loss to follow-up at this stage in the care cascade are crucial.

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