

DRUG DEPENDENCE AND HEPATITIS C RNA TESTING AND TREATMENT IN THE ERA OF DIRECT-ACTING ANTIVIRAL THERAPY AMONG PEOPLE WITH A HEPATITIS C NOTIFICATION IN NEW SOUTH WALES, AUSTRALIA

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Background:

Enhanced and more timely HCV treatment uptake among people who inject drugs is important for elimination. We aimed to measure the association between drug dependence (as a potential barrier to HCV testing/treatment) and timely HCV RNA testing and treatment following HCV notification in the DAA era in New South Wales (NSW), Australia.

Methods:

We conducted a cohort study of people who had a first record of HCV notification in the DAA era (2016-2017). HCV notifications were linked to administrative data sources. HCV RNA testing within four weeks, and treatment within six months of HCV notification were defined as “timely”. Drug dependence was defined by receipt of opioid agonist therapy or hospitalization for injecting drug use-related causes. The study population were categorized as those with evidence of recent (2016-2018), distant (before 2016), or no drug dependence.

Results:

Among 5,582 people with an HCV notification, 1,849 (33%), 656 (12%), and 3,077 (55%) had evidence of recent, distant, and no drug dependence, respectively. Timely HCV RNA testing was undertaken in 40%, 50% and 55%, of those with recent, distant, and no drug dependence, respectively. Among an estimated 3,925 people with chronic HCV infection, treatment was initiated in 59% (27% timely) of those with recent, 64% (38% timely) distant, and 61% (39% timely) no drug dependence. Timely HCV RNA testing and treatment was lower among those with evidence of recent compared to no drug dependence (adjusted odds ratios 0.63; 95% CI: 0.55, 0.72 and 0.65; 95% CI: 0.55, 0.77, respectively).

Conclusion:

More than half of people with recent drug dependence did not receive timely HCV RNA testing. Timely treatment was less common among those with recent drug dependence. Innovative strategies to enhance timely diagnosis and treatment including point-of-care technologies, and simplified models of care are required to optimize HCV elimination efforts.

Disclosure of Interest Statement:

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