

INCREASED UPTAKE OF HCV TREATMENT ASSOCIATED WITH SCALE-UP OF DIRECT-ACTING ANTIVIRALS IN COMMUNITY SETTINGS : A NATIONAL RECORD-LINKAGE STUDY

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Background: With the introduction of highly-effective and easy to administer direct-acting antivirals (DAAs), Scottish Government recommended that HCV therapy be delivered in community settings (including prisons); a strategic change aimed to facilitate greater access and prompt uptake of the new therapies for populations such as people who inject drugs (PWID). We examined to what extent this policy had been implemented and the change in uptake of therapy within 12 months following a new HCV diagnosis pre- and post- DAAs.

Methods: Using the national HCV diagnosis and clinical databases, 9,604 individuals newly diagnosed with chronic HCV during 2010-2019 in Scotland were linked to treatment data up to March 2021. Logistic regression was used to assess uptake of HCV therapy within 12 months of a new chronic HCV diagnosis pre- and post- DAAs.

Results: Among PWID treated in Scotland, a higher proportion were initiated on therapy in community settings in the established DAA period (47% in 2018-2019, relating to a period without prioritisation for advanced liver disease) compared to the pre-DAA period (22% in 2010-14). The proportion of individuals treated within 12 months of a new chronic diagnosis increased markedly between pre-DAA (20%) and established DAA periods (61%) for all individuals and similarly for those diagnosed in drug services and prisons (11% and 61%, respectively). Higher odds of treatment initiation within 12 months of new chronic HCV diagnosis were associated with diagnosis in the established DAA, compared to pre-DAA, period (aOR = 14.5, 95% CI: 11.9 – 17.7) overall and for those diagnosed in drug services and prisons (aOR = 31.1, 95% CI: 20.0 – 48.3).

Conclusion: Our data indicate that the approach adopted to scale-up DAAs in Scotland, with increased delivery in community settings, has facilitated greater uptake of HCV treatment, particularly for individuals diagnosed in drugs services and prisons.

Disclosure of Interest statement:

SJ Hutchinson received honoraria from Gilead; PC Hayes has been paid to speak at meetings/had travel support with AbbVie, BMS, Eisai Ltd, Falk, Ferring, Gilead, Gore, Janssen, Lundbeck, MSD, Norgine, Novartis, ONO Pharmaceuticals, Pfizer and Roche, unrelated to the submitted work. All remaining authors have nothing to disclose.

Figure 1. Plot of percent initiated onto treatment within 12 months following HCV diagnosis versus percent treated in community settings in established DAA period (2018-19) by healthboard of residence.

