

HEPATITIS C VIRUS TREATMENT UPTAKE AMONG PEOPLE WITH RECENT INCARCERATION IN NEW SOUTH WALES, AUSTRALIA: A POPULATION-BASED LINKAGE STUDY

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Background:

People in prison are highly marginalised and at risk of hepatitis C virus (HCV) infection. We evaluated HCV treatment uptake and associated factors among people with recent incarceration in a large population-based data linkage study.

Methods:

HCV notifications in New South Wales, Australia (1995-2017) were linked to several administrative databases including incarceration and prescription databases. Incarcerations occurring in the DAA era (2016-2017) were considered recent, and records of incarceration pre-2016 were considered distant. Logistic regression was used to evaluate factors associated with treatment uptake among people with evidence of recent incarceration. Among 57,467 people with chronic HCV in NSW in the DAA era (2016-2018), 5,337 (9%) had evidence of recent incarceration. Treatment uptake was higher among people with evidence of recent incarceration (2,464/5,337, 46%) compared to distant history (4,798/11,783, 40%) and no evidence of incarceration (14,308/40,347, 35%).

Results:

Among 57,467 people with chronic HCV in NSW in the DAA era (2016-2018), 5,337 (9%) had evidence of recent incarceration. Treatment uptake was higher among people with evidence of recent incarceration (2,464/5,337, 46%) compared to distant history (4,798/11,783, 40%) and no evidence of incarceration (14,308/40,347, 35%). Among people with evidence of recent incarceration, DAA treatment uptake was less likely among Aboriginal and/or Torres Strait Islander peoples (adjusted odds ratio [aOR]:0.68; 95% CI 0.60, 0.77), women (aOR 0.81; 95% CI 0.69, 0.94), and people with shorter periods of incarceration (vs ≥ 12 months): one day (aOR 0.51; 95% CI 0.42, 0.62), 2-30 days (aOR 0.50; 95% CI 0.41, 0.62), and 1-3 months (aOR 0.57; 95% CI 0.46, 0.70). DAA uptake was more likely among those with recent drug dependence (aOR 1.34 95% CI 1.19, 1.51) and a history of alcohol use disorder (aOR 1.13; 95% CI 1.01, 1.27).

Conclusion:

Despite substantive organizational and other barriers, these encouraging outcomes indicate progress in HCV elimination efforts among people in the prison and community settings.

Disclosure of Interest Statement:

The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. Dore J reports grants from Gilead, Abbvie, and Merck. Grebely J reports grants from Merck, grants from Cepheid, during the conduct of the study; grants and personal fees from Abbvie, grants and personal fees from Gilead Sciences, grants and personal fees from Merck, grants and personal fees from Cepheid, grants from Hologic, grants from Indivior, outside the submitted work. Lloyd A has received investigator-initiated research grants from Gilead, AbbVie and Cepheid, all outside the submitted work. All remaining authors have no potential conflicts to declare.