EARLY HEPATITIS C VIRUS ANTIBODY TESTING AMONG RECIPIENTS OF MEDICATION FOR OPIOID USE DISORDER, VICTORIA, AUSTRALIA, 2012 to 2020.

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Background:
The high burden of hepatitis C virus (HCV) infections among people who inject drugs (PWID) underscores the need for increased rates of testing and treatment. Understanding the characteristics associated with HCV positivity and testing uptake is critical to the development of effective and targeted public health strategies to improve HCV testing rates for PWID.

Methods:
Data were from individuals attending Victorian clinical services participating in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS) between 1st January 2012 to 31st December 2020, who received at least one electronic prescription of medication for opioid use disorder (MOUD). Exposures included sex, Indigenous status, sexuality, age and consultations per year. Two outcomes were investigated: (1) the proportion of MOUD recipients with no recorded HCV Ab test within 12 months of their first recorded MOUD prescription, and (2) HCV Ab test positivity among participants who received a test. The association between the exposures and outcomes were investigated using a logistic regression model.

Results:
Overall, 5,126 individuals received a total of 97,891 MOUD prescriptions and 1,782 HCV Ab tests. 858 individuals (16.7%) received a HCV Ab test within 12 months of their first recorded MOUD prescription. Early HCV Ab testing was associated with being female (aOR:1.40;95%CI:1.09-1.81), attending 5-8 consultations/year vs 1-4 MOUD consultations/year (aOR:5.45;95%CI:3.26-9.13), attending 9+ consultations/year vs 1-4 MOUD consultations/year r (aOR:12.2;95%CI:7.58-19.75) and participants prescribed Buprenorphine vs. Methadone (aOR:0.52;95%CI:0.30-0.89). Overall HCV Ab positivity was 60%, with associations among Indigenous participants (aOR:2.06;95%CI:1.02-4.15), participants prescribed Buprenorphine vs. Methadone (aOR:0.42;95%CI:0.22-0.80) and age (aOR:1.38/5 years;95%CI:1.27-1.51).

Conclusion:
Despite high positivity rates, HCV Ab testing among individuals prescribed MOUD remains low. Integrating routine HCV testing among people prescribed MOUD will likely increase case-finding. There are opportunities for increased testing among populations exhibiting greater proportions of missed testing opportunities.

Disclosure of Interest Statement:

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