

WHEN TREATMENT ACCESS DOES NOT EQUAL TREATMENT INITIATION: AN ANALYSIS OF CLIENTS WHO DO NOT INITIATE 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 to for all people living with HCV to be treated, most people accessing clinical services should be treated. This study describes a cohort of individuals aware of their hepatitis C diagnosis but who have yet to initiate treatment despite recommendation.

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.

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%, and 74% in existing clients. Only homelessness was associated with reduced probability of treatment uptake OR 0.46 (95%CI 0.26-0.81, p=0.007). Recent injecting drug use, enrolment in OAT, Aboriginality and attendance at outreach or main site locations were not significantly associated with low treatment uptake.

Discussion: Despite high treatment uptake, a significant proportion of clients remain untreated. Many still attend the service but have not commenced treatment despite offer. 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. Significant social instability compromised capacity to work up and initiate these clients. 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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