

Treatment uptake for hepatitis C infection following an intervention to enhance linkage to care among people who inject drugs: the ETHOS Engage study

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Background: Strategies to enhance HCV testing and treatment among people who inject drugs are critical. This study evaluated HCV treatment initiation among PWID with current HCV infection following an intervention including peer connection and point-of-care HCV RNA testing.

Methods: ETHOS Engage is an observational cohort study of people who inject drugs attending 25 drug treatment clinics in Australia (May 2018-September 2019). Peer workers facilitated engagement in an HCV screening intervention as people accessed services. Participants completed a questionnaire, point-of-care HCV RNA testing (Xpert[®] HCV Viral Load Fingerstick) and were linked to an HCV nurse/physician. Cox regression models identified factors associated with treatment uptake. The proportion ever initiating treatment at enrolment and at two years post-follow-up was reported among those with evidence of ever having chronic HCV.

Results: Among 1,388 people enrolled with a HCV RNA test result, 55% (n=769) of participants had evidence of previous chronic (n=438) or current HCV infection (n=331). Among 317 eligible for treatment (median age, 43) 65% were male, 15% were homeless, 69% were receiving opioid agonist treatment, and 70% had injected in the last month. Overall, 36% (115/317) initiated treatment by one year and 48% (152/317) initiated treatment by two years. Factors negatively associated with treatment uptake were homelessness (adjusted hazard ratio (aHR):0.49; 95% confidence interval: 0.28,0.86), and lifetime history of incarceration (aHR:0.70; 0.49,1.00). At enrolment, 769 people had evidence of previous or current chronic HCV infection and 65% (501/769) had ever initiated treatment. At two years post-enrolment, 82% (627/769) had ever initiated HCV treatment indicating progress towards HCV elimination targets in this population.

Conclusion: Treatment uptake following an HCV screening intervention including peer connection and point-of-care HCV RNA testing in drug treatment clinics was high. People who are homeless and people with a history of incarceration require additional support for engagement in HCV treatment.

Disclosure of Interest Statement: LD has received investigator-initiated untied educational grants for studies of opioid medications in Australia from Indivior, Mundipharma and Seqirus. GJD is a consultant/advisor and has received research grants from Merck, Gilead, and AbbVie outside the submitted work. JG is a consultant/advisor and has received research grants from AbbVie, Cepheid, Gilead, and Merck outside the submitted work. CT has received speaker fees from Abbvie and Gilead and has received a research grant from Merck outside the submitted work.