

KNOWLEDGE OF HEPATITIS C TESTING AND TREATMENT GUIDELINES AMONG PEOPLE AT RISK OF, OR LIVING WITH, HEPATITIS C.

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Background: In Australia, people who inject drugs (PWID) are a priority population for hepatitis C (HCV) elimination efforts. We describe recruitment and HCV testing and treatment knowledge among a newly established cohort of PWID in Victoria, Australia.

Methods: The EC Experience Cohort is a prospective cohort study nested in the EC Victoria Partnership. EC Cohort will recruit >700 participants from eight EC sites and will explore barriers and predictors of HCV testing and treatment uptake. Participants are deliberately recruited at various time points in the care cascade. We describe the HCV cascade profile and demographics of participants recruited by April 2019 and their knowledge of HCV testing and treatment guidelines.

Results: EC Cohort has recruited 70 participants from two sites. Fifteen had never tested for HCV, five had tested negative >12 months prior and seven tested negative <12 months prior. Thirty-two were diagnosed with HCV and not treated, 11 were on or completed treatment. Participants were mostly male (64%), aged >40years (61%), report past month injecting (89%), and current OST (68%).

Most participants correctly answered that current injecting does not disqualify from treatment (93%), treatments have >95% cure (91%), treatment is accessible out of hospital (91%), re-infection is possible (91%), and testing is recommended post cure if still injecting (94%). Few participants knew that a positive antibody test does not mean current infection (19%). Knowledge that re-infections can be treated was also lower (74%); of the 18 participants who didn't know retreatment was possible, 12 (66%) were diagnosed and not treated.

Conclusion: Participants across the HCV care cascade have high knowledge of Australian testing and treatment guidelines. However, lower knowledge of HCV retreatment may be a barrier to starting treatment. This cohort study will further explore knowledge and behaviour gaps to improve treatment uptake and achieve elimination targets.

Disclosure of Interest Statement: The authors acknowledge funding support from Gilead Sciences and National Health and Medical Research Council for this project

through an investigator initiated research grant from. The Burnet also receives funding support from Abbvie, GSK and Merck for investigator initiated research.