

UNDERSTANDING LOSS TO FOLLOW UP FOR HCV TREATMENT IN ENGLAND AMONG PEOPLE WHO INJECT DRUGS WHO ARE CHRONICALLY INFECTED WITH HCV, USING DATA FROM THE NATIONAL TREATMENT REGISTER 2018-2021.

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Background: In 2021, the greatest burden of chronic hepatitis C (HCV) is among people recently or currently injecting drugs (PWID)(27%) and with a past drug injecting history (62%). Although HCV treatment data are reported in a national database, better understanding on loss to follow up (LTF) among PWID in England who have initiated treatment is needed to support treatment completion and prevent further HCV transmission.

Methods: Data on HCV treatment in England from 2018-2021 were analysed to provide trends over time on LTF in PWID who had initiated treatment, and descriptive statistics for 2021. PWID was defined as a person with 'current/recent' or 'past' injecting drug use, and records reporting 'never' injected drugs were excluded. Records were included if individuals had initiated treatment in the time range and had a treatment outcome reported by the operational delivery network.

Results: 22,269 PWID initiated treatment between 2018-2021. This decreased from 7,132 in 2019, to 4,897 in 2020 and to 3,511 in 2021. 4973 (22%) were LTF with this proportion similar across 2018-2021. In 2021, LTF was higher among people referred or treated in prison (both 30%), individuals aged 25-34 (29%), people with ethnicity reported as other (29%) and recent/current PWID (24%). PWID treated or referred in prison had a 1.5 (95%CI:1.3-1.7) increase in risk of being LTF (30%). Treatment in secondary care was found to decrease the risk of LTF among PWID (RR; 0.6, 95%CI:0.5-0.7, LTF 16%).

Conclusion: Although treatment initiations declined from 2019-2021, LTF remained consistently high in PWID at around 20% with highest risk where the treatment and referral settings were prisons. While COVID may account for the treatment decline, there is evident need to improve engagement with treatment in PWID by taking a person-centered approach and improving integration of health services.

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