

AWARENESS OF HCV INFECTION STATUS AMONG PEOPLE WHO INJECT DRUGS IN A SETTING OF UNIVERSAL DIRECT-ACTING ANTIVIRAL THERAPY: THE ETHOS ENGAGE STUDY

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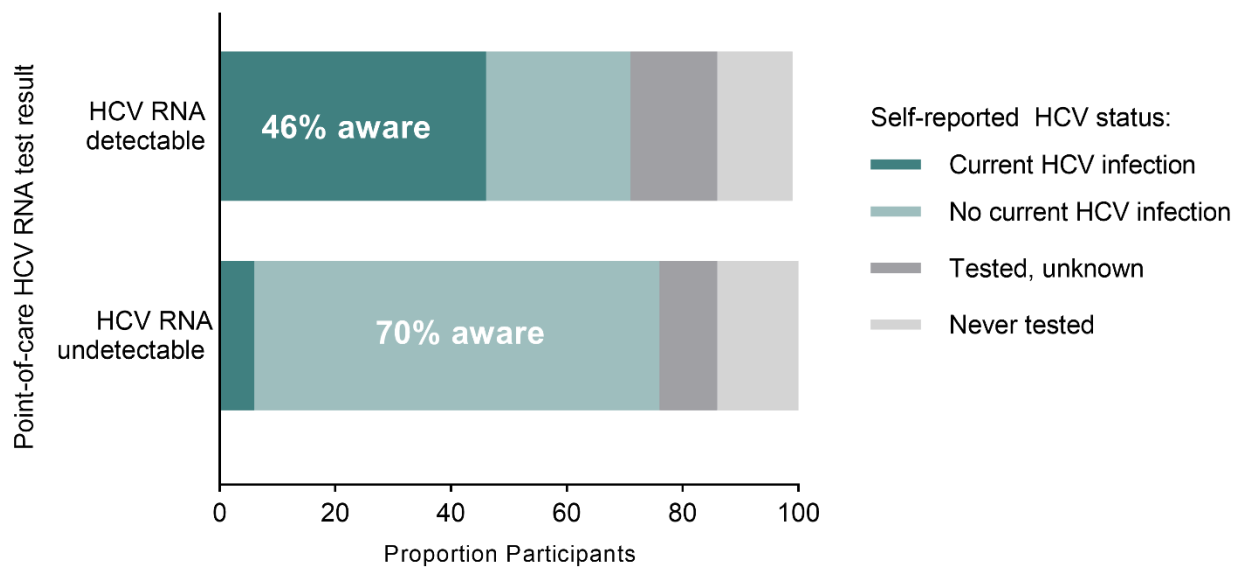
Background: Awareness of HCV infection status among PWID empowers people with diagnosis, enables treatment uptake, and will facilitate elimination. We aimed to evaluate awareness of HCV infection status among PWID in an era of unrestricted HCV treatment.

Methods: ETHOS Engage is an observational cohort study of PWID attending drug treatment clinics and needle and syringe programs in Australia. Participants completed a questionnaire containing self-reported HCV data (including infection status: never tested, tested/unknown, no current HCV infection [HCV RNA negative], current HCV infection [HCV RNA positive]) and underwent point-of-care HCV RNA testing (Xpert[®] HCV Viral Load Fingerstick). Awareness was defined as concordant self-reported HCV status and test result. Logistic regression was used to determine factors associated with awareness of HCV infection status.

Results: Among 2,305 PWID, 65% (n=1,506) were aware of their HCV infection status. Awareness was higher among those who were not currently infected (70%, n=1,281/1,818) compared to those with current HCV infection (46%, n=225/487). Among all participants, awareness was significantly lower among those: with current HCV infection (aOR: 0.40, 95%CI: 0.30, 0.45), transgender or non-binary (aOR: 0.27, 95%CI: 0.10, 0.75), Aboriginal and Torres Strait Islander peoples (aOR: 0.7, 95%CI: 0.59, 0.90), and who injected less than daily in the last month (vs. last injecting >12 months ago; aOR: 0.67, 95%CI: 0.49, 0.91). Awareness was higher among those who had received opioid agonist treatment (OAT) (vs. never receiving OAT; past: aOR: 1.61, 95%CI: 1.16, 2.24; current OAT: aOR: 1.73, 95%CI: 1.35, 2.21), and had visited a regular general practitioner in the past six months (vs. no regular general practitioner; aOR: 1.59, 95%CI: 1.29, 1.96).

Conclusion: Among a large cohort of PWID in Australia, awareness of HCV infection status is sub-optimal, with particularly concerning levels among those with active infection. Increased and simplified testing, post-test counselling, and post-treatment monitoring is warranted.

Figure 1:



Disclosure of Interest: None