

High uptake of direct-acting antiviral therapy for HCV and reduction in population-level viremic prevalence: Progress toward achieving HCV elimination among people who inject drugs

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Disclosures: none



Background/Aims

Background: Australia has had unrestricted government subsidised direct-acting antiviral therapy for HCV since March 2016.

- *Aims:* Gauge the progress toward eliminating HCV among people who inject drugs by measuring
- HCV treatment uptake
- Current HCV infection



Methods:



ETHOS Engage- observational cohort study collecting baseline data on HCV treatment uptake and current prevalence

Location: opioid substitution treatment (OST) clinics, needle and syringe provision sites throughout Australia

Inclusion criteria:

 \boxdot 18 years of age or older;

☑ Written informed consent;

☑ History of injecting drug use;

☑ Recent injecting drug use (previous 6 months) OR currently receiving OST.

Exclusion criteria:

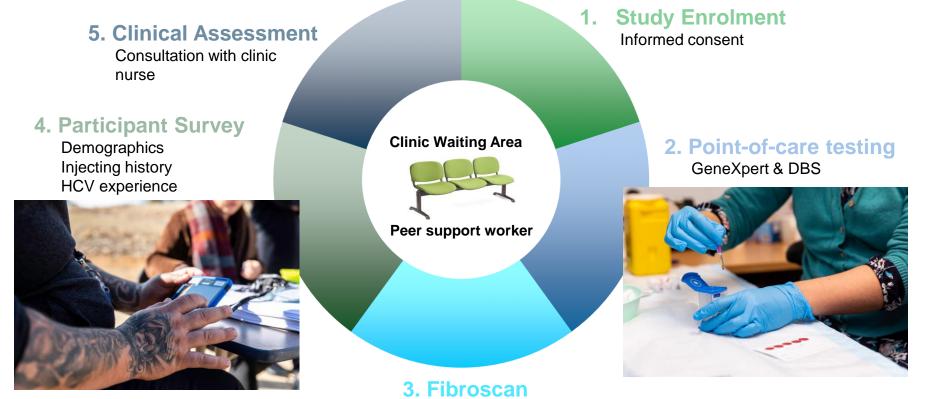
 \boxtimes Women who are pregnant

Campaign days: May 2018 - September 2019

Data to: 25 July 2019, 23/25 sites



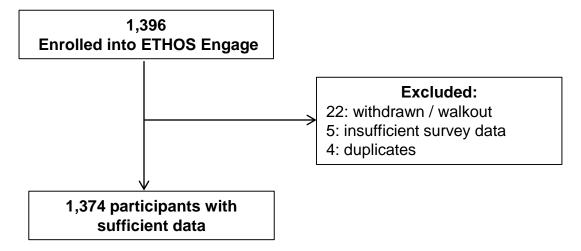
Methods: ETHOS Engage campaign days



Median stiffness



ETHOS Engage Results: Participant Disposition





ETHOS Engage Results: Demographics

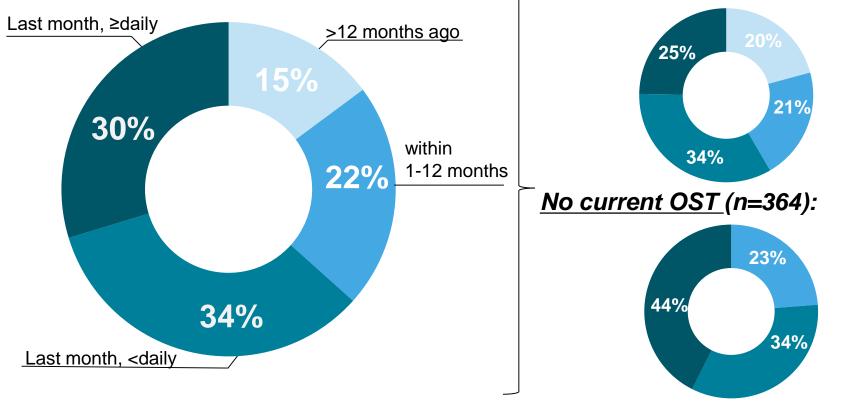
- 1,374 participants
 Mean age: 43 (SD: 10); 64% male; 24% Indigenous ethnicity
- ✤ 155 (11%) currently homeless
- 941 (68%) ever imprisoned,
 257 (19%) within last year
- ✤ 1010 (74%) currently receiving opioid substitution therapy
- 506 (37%) excessive alcohol consumption as defined using AUDIT-C



Current OST (n=1,010):

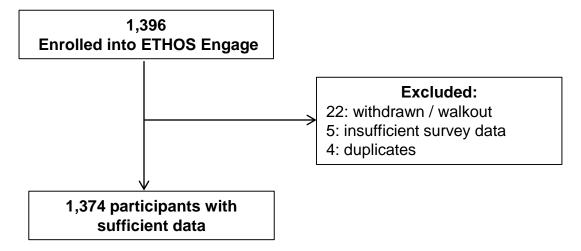
ETHOS Engage Results: Injecting recency

Total population:



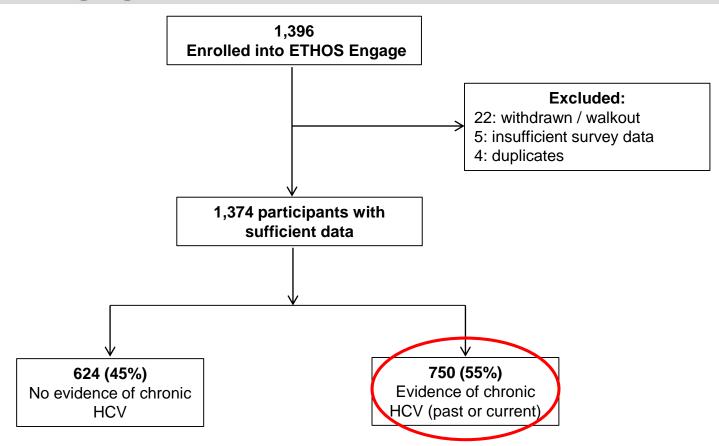


ETHOS Engage Results: Participant Disposition



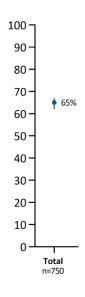


ETHOS Engage Results: Participant Disposition





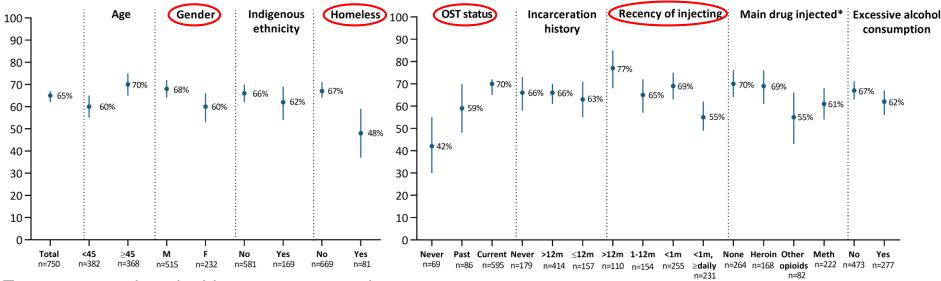
ETHOS Engage Results: HCV treatment uptake



Chronic HCV (ever) determined by combination of results obtained by point of care serology and self-reported HCV status *Main drug injected in last month, excludes data for participants injecting other drugs (n=14); variable not used in adjusted analysis due to collinearity with recency of injecting



ETHOS Engage Results: HCV treatment uptake



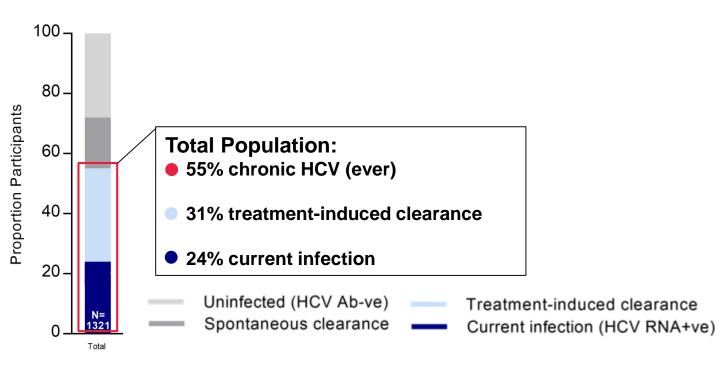
Factors associated with treatment uptake:

- Female, aOR: 0.67, 95%CI: 0.47 0.95
- Homelessness, aOR: 0.59, 95%CI: 0.38 0.96
- Current OST, aOR: 2.54, 95%CI: 1.48 4.39
- ≥Daily IDU, aOR: 0.50, 95%CI: 0.29 0.86

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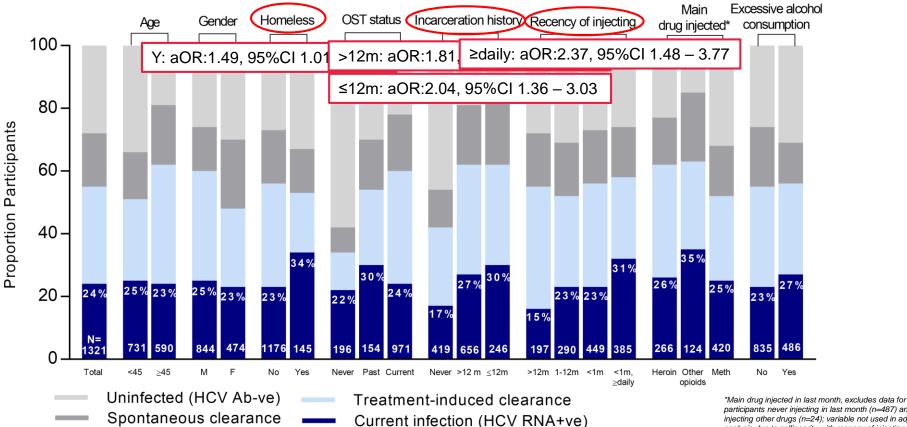
ETHOS Engage Results: Current HCV prevalence



Current HCV infection status obtained Cepheid GeneXpert HCV Viral Load results N=53 (4%) of participants excluded from current HCV prevalence indicator due to invalid/unknown current HCV infection status



ETHOS Engage Results: Current HCV prevalence



participants never injecting in last month (n=487) and those injecting other drugs (n=24); variable not used in adjusted analysis due to collinearity with recency of injecting



Conclusions

- Unrestricted DAA access in Australia has produced high treatment uptake
 among people who inject drugs, across marginalised populations
- High treatment uptake has led to subsequent reduction of HCV viremic prevalence, with 56% of those ever chronically infected having evidence of treatment-induced clearance
- To maintain momentum toward HCV elimination and achieve targets, sub-populations with significantly higher viremia and those significantly less likely to initiate HCV therapy may require additional support to encourage engagement with HCV care



ETHOS Engage: Future direction

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Wave 1:

- Complete!
- Treatment uptake and outcomes assessed

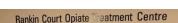
Wave 2:

- Revisiting all sites
- POC RNA test results available same day
- Prescriber onsite









ETHOS ENGAGE





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