HCV Cascade of Care at an integrated community facility for PWID

Leith Morris
PhD Candidate, University of Queensland

Disclosures

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Background/aims

- DAAs widely available in Australia since March 2016
- Expected to improve HCV cascade of care
- Community-based treatment also expected to be important for PWID
- Little real-world research yet

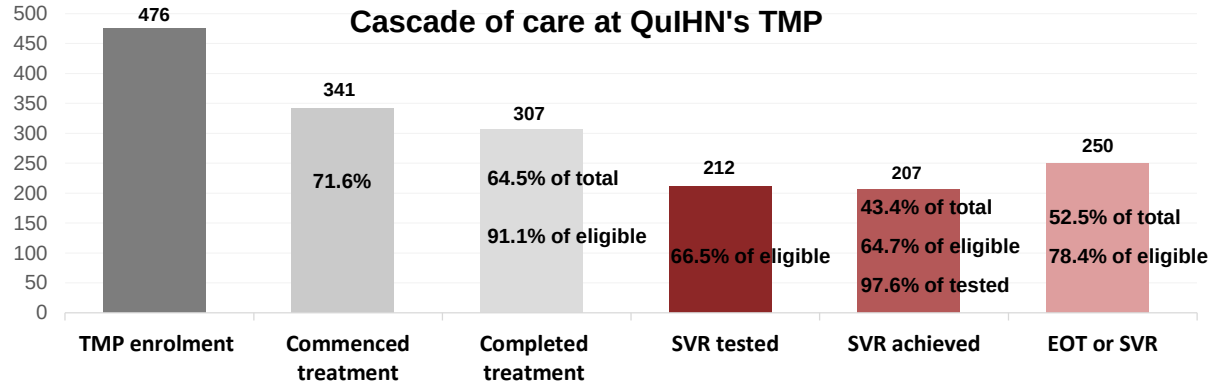
Aim:

- To examine the cascade of care at a community-based HCV treatment facility for PWID and examine factors associated with drop-off at each step of the cascade

Methods

- Study design/patient population
  - Observational study using data from the Queensland Injectors' Health Network's (QuIHN) Hepatitis C treatment and management program (TMP) up to Dec 2017
  - Eligible for TMP if a) current PWID; 2) on OST; 3) receiving counselling for drug use and/or; 4) in rehab
- Study assessments
  - Data collected as part of initial screen – demographics, injecting drug use, housing, mental health, employment, legal issues
  - Treatment outcomes (end of treatment and SVR)
- Study outcomes/endpoints
  - Treatment commencement, treatment completion, SVR
- Statistical analysis
  - Percentage estimates at each step of cascade of care
  - Logistic regression analyses

Results



- Participants who had not commenced treatment more likely to be younger (18-34yrs) and less likely to feel safe and stable in their housing

Conclusions/implications

- Cascade of care has definitely improved, however:
  - Still nearly 30% of participants who enrolled had not taken up treatment
  - Retention to follow-up testing is poor
- Lack of safe and stable housing seems to be barrier to starting treatment
  - Point of care testing, including same day scripting could improve initial retention

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