

REDUCTION IN THE POPULATION PREVALENCE OF CHRONIC HCV AMONG PEOPLE WHO INJECT DRUGS ASSOCIATED WITH MAJOR SCALE-UP OF DIRECT-ACTING ANTIVIRAL THERAPY IN COMMUNITY DRUG SERVICES: REAL WORLD DATA

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Background: Despite high coverage of harm reduction interventions, the prevalence of hepatitis C virus (HCV) has remained relatively stable among people who inject drugs (PWID) in Scotland. Modelling studies have suggested that treatment with new direct-acting antiviral (DAA) therapies could achieve a reduction in the population prevalence of chronic HCV among PWID. A feasibility study is underway in the Tayside region of Scotland to examine the impact of major rapid scale-up of DAAs among PWID involving the provision of HCV testing and treatment in a range of community drug services (including drug treatment, pharmacies, needle exchanges and prisons). Our aim was to assess the early impact of that programme on chronic HCV prevalence among PWID in Tayside, compared to the Rest of Scotland (RoS).

Methods: The Needle Exchange Surveillance Initiative is a national bio-behavioural survey of PWID conducted biennially across mainland Scotland, involving a questionnaire and blood spot sample (tested anonymously for HCV antibodies and RNA). Data from five surveys (involving more than 12,000 PWID) were used to examine the uptake of HCV therapy and chronic HCV prevalence between 2010 and 2017-18.

Results: Uptake of HCV therapy (last year) among eligible PWID increased from 15% to 43% in Tayside between 2013-14 and 2017-18, and from 8% to 19% in the RoS. Therapy was initiated in community settings for 97% and 41% of treated PWID surveyed in Tayside and RoS during 2017-18, respectively. Between 2010 and 2017-18, the prevalence of chronic HCV (among antibody-positives) declined by 44% (95% CI: 26%-58%) in Tayside, and by 15% (95% CI: 9%-20%) in the RoS.

Conclusion: Major community-wide scale-up of DAA therapy among PWID can be achieved through HCV testing and treatment in community drug services, and has yielded the greatest reduction in chronic HCV prevalence at the population level.

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