

DECLINING PREVALENCE OF CURRENT HCV INFECTION ASSOCIATED WITH INCREASED TREATMENT UPTAKE AMONG PEOPLE WHO INJECT DRUGS: THE ETHOS ENGAGE STUDY

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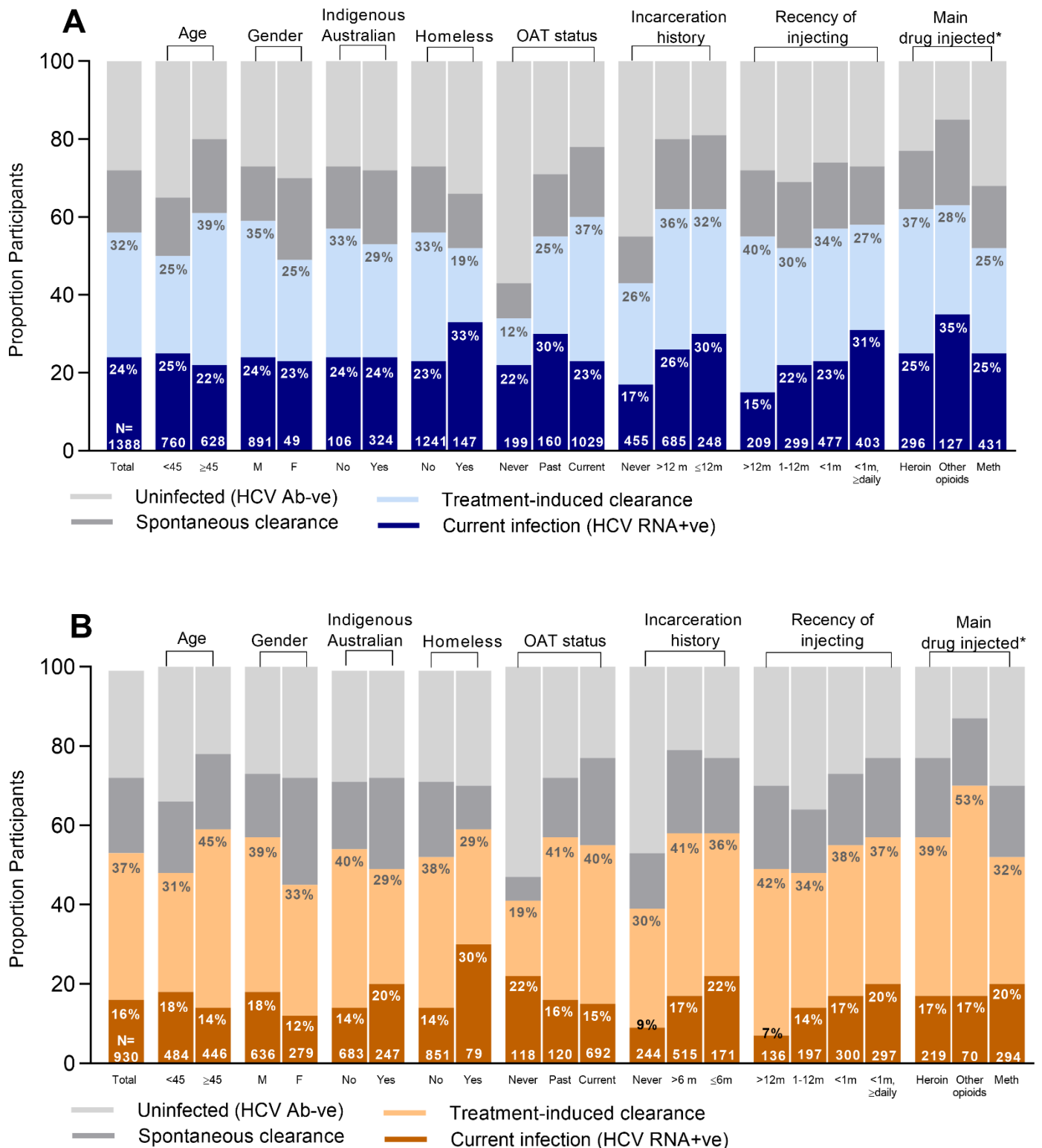
Background: Evaluating trends in HCV treatment uptake and reductions in HCV RNA prevalence is crucial for monitoring HCV elimination efforts. This study evaluated the impact of HCV treatment uptake on prevalence of current HCV infection among PWID.

Method: ETHOS Engage is an observational cohort study of PWID attending drug treatment clinics and needle and syringe programs in Australia. Participants completed a questionnaire including self-reported treatment history and underwent point-of-care HCV RNA testing (Xpert[®] HCV Viral Load Fingerstick). We evaluated HCV treatment uptake and prevalence of current HCV infection during recruitment Wave 1 (May 2018-September 2019) and Wave 2 (November 2019-April 2021). Logistic regression was used to identify factors associated with current HCV infection in Wave 2.

Results: During Wave 1, 1,443 participants were enrolled across 25 sites (64% injected drugs in the last month, 74% receiving opioid agonist therapy [OAT]). During Wave 2, 953 participants were enrolled across 15 sites (64% injected drugs in the last month, 74% receiving OAT). Between Wave 1 and Wave 2, uptake of HCV therapy increased from 66% (520/788) to 78% (393/504) ($p < 0.001$) and the prevalence of current HCV infection decreased from 24% (331/1,388) to 16% (147/930) ($p < 0.001$). Wave 2 participants who were homeless (2.29; 1.33, 3.96), incarcerated (>6 months ago: 2.22, 1.31, 3.78; ≤6 months ago: 2.64; 1.42, 4.91), and had injected in the previous month (<daily: 2.52; 1.18, 5.35; ≥daily: 2.61; 1.22, 5.61) were more likely to have current HCV infection. Among participants enrolled in both recruitment waves ($n = 227$), HCV prevalence decreased from 19% to 9% ($p = 0.001$).

Conclusion: Although HCV treatment uptake increase and HCV prevalence decreases among PWID are encouraging, particular sub-populations may require additional support to enhance linkage to HCV care.

Figure 1: HCV prevalence among ETHOS Engage participants recruited in Wave 1 (A) and Wave 2 (B) with known HCV RNA result



*main drug injected in the last month
 data for transgender and other gender identities not shown due to small numbers ; data for those mainly injecting other drugs in the last month not shown due to small numbers