HCV DIAGNOSTIC SCREENING AMONG PEOPLE WHO INJECT DRUGS IN AUSTRALIA

Iversen J¹, Bevan J², Kemp R³, Madden A⁴, Smith F⁵ and Maher L¹.

¹The Kirby Institute, ²Western Australia Department of Health, ³Queensland Health, ⁴Australian Injecting & Illicit Drug Users League, ⁵Tasmanian Department of Health and Human Services

Introduction: In Australia, hepatitis C virus (HCV) infection is endemic among PWID, with one in two exposed to the virus. Care and treatment of people living with chronic infection is dependent on screening to facilitate referral. This study examined HCV diagnostic screening among a large national sample of PWID participating in the Australian Needle and Syringe Program Survey (ANSPS), an integrated bio-behavioural surveillance system designed to monitor HIV and HCV and related risk behaviour among PWID attending needle and syringe programs.

Methods: Data from 2013 were used to examine self-reported HCV diagnostic screening. Respondents were provided with a list of HCV tests and asked to identify lifetime and recent testing history. Multivariable logistic regression modelled characteristics associated with ever obtaining a HCV RNA and/or genotype test.

Results: Most (84%) of the 2407 respondents reported a history of HCV screening, with half (51%) reporting screening in the previous year. Of the subpopulation with serologically confirmed antibody to HCV (n=1235), 74% were aware they had been exposed to HCV and 43% reported a lifetime history of HCV RNA and/or genotype testing. Factors independently associated with RNA/genotype testing were last testing at a Primary Health Clinic (AOR 2.1, 95%CI 1.3-3.5, p=0.004), current OST (AOR 1.8, 95%CI 1.2-2.5, p=0.002), HCV diagnosis before 2000 (AOR 2.0, 95%CI 1.2-3.3, p=0.010) and injecting less than weekly (AOR 1.5 95%CI 1.1-2.0, p=0.013).

Conclusion: Uptake of HCV diagnostic screening is high among PWID in Australia, likely due to universal health care and the availability of free of charge screening. However, less than half of respondents with serologically confirmed exposure to HCV reported ever having HCV RNA and/or genotype testing. This finding warrants further exploration to determine indications for confirmatory testing and awareness among health professionals and PWID. Confirmatory testing will need to improve to facilitate treatment uptake.

Disclosure of Interest Statement: The Australian Needle and Syringe Program is funded by the Australian Government Department of Health. The views expressed in this abstract do not necessarily represent the views of the Australian Government Department of Health. There are no conflicts of interest to disclose.