

POPULATING THE HEPATITIS C TESTING, CARE AND TREATMENT CASCADE AMONG PEOPLE WHO INJECT DRUGS IN AUSTRALIA

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Background: Universally accessible hepatitis C virus (HCV) direct-acting antiviral (DAA) therapies were recently made available in Australia. This study utilises serological and self-reported data from a large, national sample of people who inject drugs (PWID) to establish baseline estimates of the HCV cascade of care among PWID prior to the introduction of DAAs and investigate opportunities for improving linkages to care.

Methods: The Australian Needle Syringe Program Survey (ANSPS) provides annual estimates of HCV antibody seroprevalence among PWID based on self-completion of a brief questionnaire and provision of a dried blood spot. Australian PWID estimates were derived from the 2015 UNODC World Drug Report. 2015 ANSPS data were used to estimate the HCV cascade of care among active PWID.

Results: In Australia, among the estimated 78,771 active PWID, 89% (n=70,372, range: 69,255-71,398) have received HCV antibody testing and 57% (n=44,985, range: 43,269-46,680) have been exposed to HCV. Among those exposed to HCV (n=44,985), 46% (n=20,786, range: 19,492-22,092) have received confirmatory HCV RNA testing, 29% (n=12,847, range: 11,691-14,053) have received specialist HCV assessment and 8% (n=3,375, range: 2,726-4,121) have been treated. After adjusting for treatment success of 55% and spontaneous clearance of 20%, it is estimated that 34,132 (range: 33,116-35,077) PWID are living with chronic HCV infection.

Conclusions: This study demonstrates high uptake of HCV antibody testing among active PWID in Australia, partially explained by the presence of a universal healthcare system providing HCV screening free of charge. Nevertheless, strategies are required to enhance testing for HCV RNA, linkage to HCV care and HCV treatment among this population. The availability of government subsidized interferon-free HCV therapy for all adults (aged ≥ 18 years) with chronic HCV infection (irrespective of disease stage or recent drug use) from March 1, 2016 has the potential to markedly improve the HCV care cascade among active PWID.

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