Hepatitis C Testing in General Practice Settings For Australians Who Inject Drugs

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The Difference is Research

Background

- DAAs are heavily subsidised in Australia, regardless of disease stage.
- Some barriers to treatment remain, especially testing and diagnosis.
- Accessibility of testing is an important component of HCV public health responses.
- General practitioners may be important for increasing HCV testing rates as they are widely accessible.
- There are very little data on HCV testing in GP settings in Australia.

Aim

We aimed to determine the proportion of people who inject drugs who received HCV antibody screening and RNA testing in the GP setting compared to other settings. (i.e. OST services, hospitals, corrective services, primary care for special populations).

Methods

- The Illicit Drug Reporting System (IDRS) is an annual illicit drug sentinel surveillance system run in each capital city of Australia.
- In 2015, we interviewed 888 people who regularly inject drugs.
- All participants received AUD$40 for survey completion.
- Interviews included questions on HCV testing and treatment settings.
- 792 participants completed the survey questions.

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Results

- Antibody testing (anti-HCV) was high with 93% of the sample reporting at least one anti-HCV test (n=735) and 62% (n=456) returned a positive result.
- Among the 456 participants who reported being anti-HCV positive, 274 (60%) obtained RNA confirmatory testing.

Figure 1: Proportion of screening and RNA tests

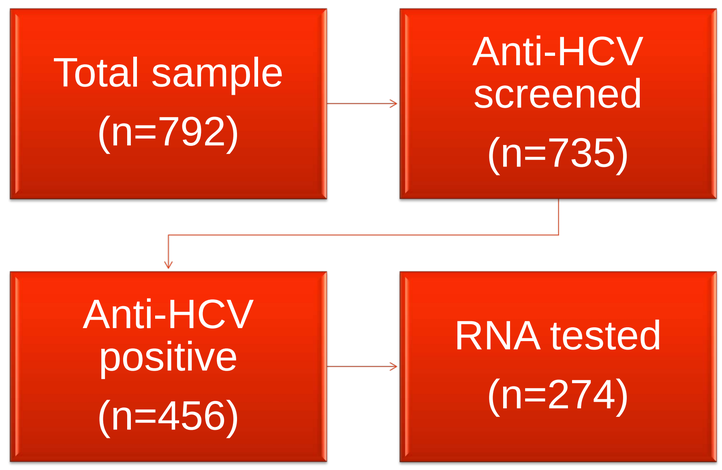
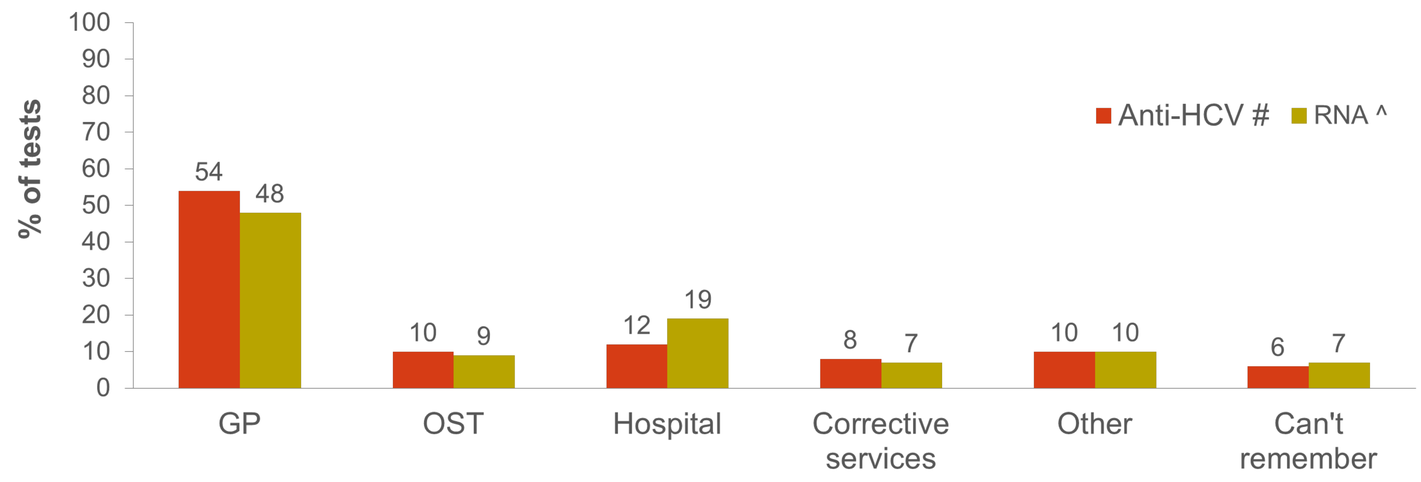


Figure 2: Proportion of testing done by setting among those who are anti-HCV positive



Anti-HCV test done by setting, among those who tested positive for antibodies n=435 (missing data =22)
^ RNA test done by setting, among those who were RNA tested n=257 (missing data = 17)

- 95% of anti-HCV positive participants were able to recall the setting where they accessed the antibody test. The majority had been tested through their regular GP.
- 94% of participants who reported RNA testing and who could recall where they accessed the RNA test, the most common setting for the RNA test was through their regular GP. (Figure 2)
- Those who were screened for antibodies at GPs completed RNA testing at similar rates than those who were screened for antibodies at other settings. (Table 1).

Table 1: RNA testing

Anti-HCV screening by setting	Obtained RNA testing in same setting n (%)	Obtained RNA testing in any setting n (%)
GP (n=236)	110 (47)	134 (57)
OST (n=42)	20 (48)	25 (60)
Hospital (n=51)	29 (57)	33 (65)
Corrective Services (n=35)	13 (37)	16 (46)
Can't remember (n=27)	12 (44)	16 (59)
Other (n=44)	18 (41)	28 (64)

Conclusion

- Eliminating HCV as a public health threat will require a coordinated approach that includes increased testing, continued harm reduction efforts and achieving ambitious treatment goals.
- Australia has the enviable position of having broad and unrestricted treatment access at heavily subsidised prices alongside relatively accessible harm reduction services.
- Our data suggests testing remains sub-optimal in Australia exposing a gap in the continuum of HCV care.
- Further work to increase the number of RNA tests completed at all settings will improve HCV outcomes by improving the progression from testing to treatment.
- These data suggest that GPs provide a suitable setting for HCV testing.

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