

# Access to blood-borne virus testing and treatment in a local high risk population of people who inject drugs

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## Background

- Access to testing and antiviral treatment for hepatitis C (HCV) and HIV infection is essential for population-level treatment as prevention as well as for individual health.
- To inform testing and treatment needs among people who inject drugs (PWID) in a culturally diverse inner-city suburb of Melbourne with an active street drug market and busy needle and syringe program (NSP) we measured access to HCV and HIV testing and treatment as well as predictors of infrequent testing.

## Methods

### Study design

- Cross-sectional bio-behavioural survey of 128 PWID regular users of the fixed site NSP.
- Blood samples taken for blood-borne virus (BBV) testing (HCV, HBV, HIV) and syphilis serology, and short questionnaire administered to assess behavioural risk factors and healthcare service access from a mobile testing van.
- Recruitment through the fixed-site and via outreach methods over four days in August-September 2014.
- Required to be >18 years of age, residing in Victoria and reporting injecting at least once per month during the previous six months.



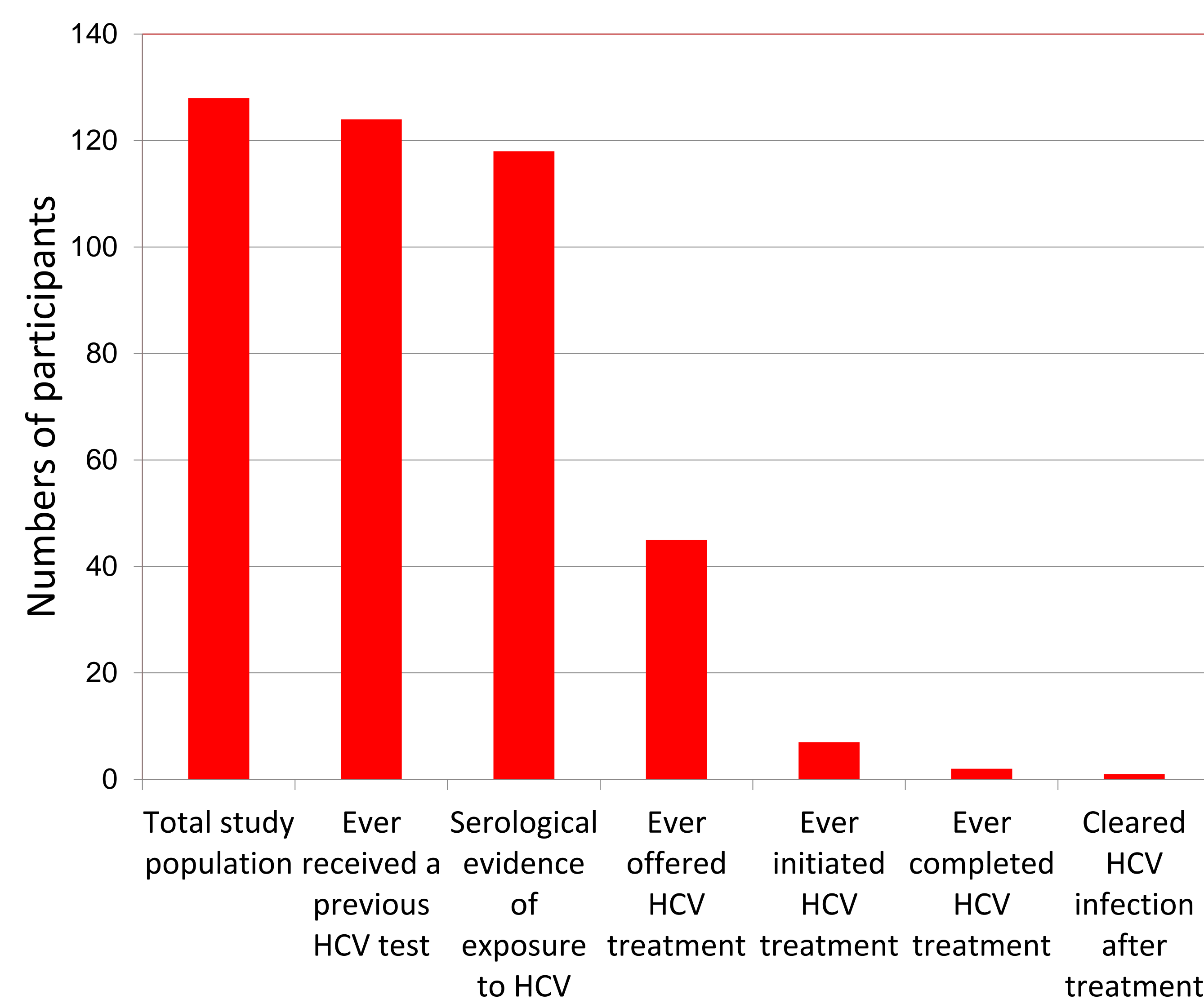
## Study definitions

- Exposure to HCV defined as HCV-antibody positivity.
- Self-reported information on HCV testing, treatment and clearance obtained from study questionnaire.

## Results

- Almost all participants reported having previously received a test for HIV (n=114, 90%) and HCV (n=124, 97%), with a median time since the last test of 12 months (IQR 4-24 months) for both.
- There were 118 participants (93%) with serological evidence of exposure to HCV (HCV Ab+, HCV RNA +/-) and five participants (4%) with HIV infection.

Figure 1: HCV diagnosis and treatment cascade in the study population



## Results

- Of participants testing HCV sero-positive, 45 (38%) had ever been offered HCV treatment, seven (6%) reported ever commencing treatment, two (<2%) reported completing a course of treatment and one reported successfully clearing their infection post treatment.
- Participants who reported recent HCV and HIV testing (last test within 12 months of the survey) were more likely to be female (AOR 6.3,  $p=0.013$ ) and to have ever been offered HCV treatment (AOR 3.0,  $p=0.046$ ) after adjusting for socio-demographic characteristics.

### Limitations

- Small sample size was likely a factor limiting detection of some important differences on multivariate analyses.
- Although the sampling frame was not random, given that participants were recruited at the time of NSP visits and via active outreach by community health workers known to the target population, we believe that the study sample

## Conclusions

### Implications for policy and practice

- Despite a very high prevalence of HCV infection and a high proportion having ever been tested for HCV, few participants in this study had received subsequent treatment.
- Our results suggest that novel testing technologies, more effective HCV treatment regimens and community-based models of BBV care that are responsive to cultural diversity and local needs are urgently required to improve health outcomes for vulnerable PWID populations.
- Further information is needed on barriers to the offer and uptake of HCV treatment among high risk PWID populations such as this, to inform how they could be overcome.