



HCV diagnostic screening among people who inject drugs in Australia

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Background, aim & methods

Background

- Hepatitis C infection endemic among PWID in industrialised nations, with one in two Australian PWID exposed to HCV
- Treatment uptake among PWID is low in Australia
- Care and treatment of people living with chronic infection is dependent on diagnostic screening to facilitate referral

Aim

- To investigate HCV diagnostic screening among PWID attending Needle and Syringe Programs

Methods

- Data from 2013 sentinel surveillance among PWID were used to examine lifetime and recent HCV diagnostic screening

Results

- Majority (84%) of PWID (n=2,407) report a lifetime history of HCV diagnostic screening
- Among PWID with serologically confirmed antibodies to HCV
 - 51% reported HCV screening in the previous 12 months
 - 75% were aware they had been exposed to the virus
 - 43% reported a lifetime history of HCV RNA and/or genotype testing
- Factors independently associated with RNA/Genotype testing:
 - 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)
 - Injecting less than weekly (AOR 1.5 95%CI 1.1-2.0, p=0.013).

Conclusions

- Uptake of HCV diagnostic screening and awareness of exposure high in Australia, however, less than half of PWID with serologically confirmed exposure to HCV reported lifetime RNA/genotype testing
- High proportion of HCV screening in the last 12 months among HCV antibody positive PWID suggests significant level of repeat antibody testing
- RNA/genotype testing higher in settings that specifically target PWID
- Strategies designed to improve confirmatory testing will be required to facilitate improvements in treatment uptake
- Further exploration to determine indications for confirmatory testing and awareness among health professionals and PWID is warranted

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