

HCV CASCADE OF CARE AT AN INTEGRATED COMMUNITY FACILITY FOR PWID

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Background:

Integrated treatment and harm reduction services provide a unique opportunity to facilitate direct-acting antiviral (DAA) therapy for hepatitis C virus (HCV)-infected people who inject drugs (PWID). We examine the cascade of care at a community-based HCV-treatment facility for PWID.

Methods:

The Queensland Injectors' Health Network (QulHN) is a community-based agency providing harm reduction and treatment services, using a case manager support framework for their HCV Treatment and Management Program (TMP). Administrative data from QulHN's TMP were analysed for participants who enrolled from program commencement in early 2015 to December 2017.

Results:

By the end 2017, 476 participants with a confirmed HCV infection had enrolled in QulHN's TMP and 341 (71.6%) had commenced treatment. Participants who had not commenced treatment were more likely to be younger (ref 18-34years; 35-49 years $OR = 0.55$, $p < 0.05$, 50+ years $OR = 0.34$, $p < 0.01$) and less likely to feel safe and stable in their housing ($OR = 0.43$, $p < 0.05$). Overall, 207 participants have a confirmed sustained virologic response at 12-weeks post-treatment (SVR12) (43.4% of whole sample, 64.7% of those eligible for SVR12 testing). Of those who have been tested, five did not achieve SVR (97.6% achieved SVR). Of the 107 who had not returned for SVR12 testing, 43 (40%) had attended an end of treatment blood test and returned a negative PCR test.

Conclusion:

Despite increased treatment uptake since DAAs were introduced in Australia, a lack of safe and stable housing seems to be a barrier to starting treatment for many PWID. Point of care testing including same-day scripting for treatment could improve initial retention. Further, while treatment efficacy is high for those attending SVR12 testing, a lack of attendance makes it difficult to determine true efficacy. We are exploring whether clients are only missing post-treatment testing or disengaging with services completely.

Disclosure of Interest Statement:

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Despite an increase in treatment uptake since the introduction of DAAs in Australia, a lack of safe and stable housing seems to be a barrier to starting treatment for a proportion of PWID who seek out treatment. While point of care testing may provide a solution in the future if participants can be tested and scripted for treatment on the same day, in the mean time