

Psychiatrists can treat hepatitis C

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Background

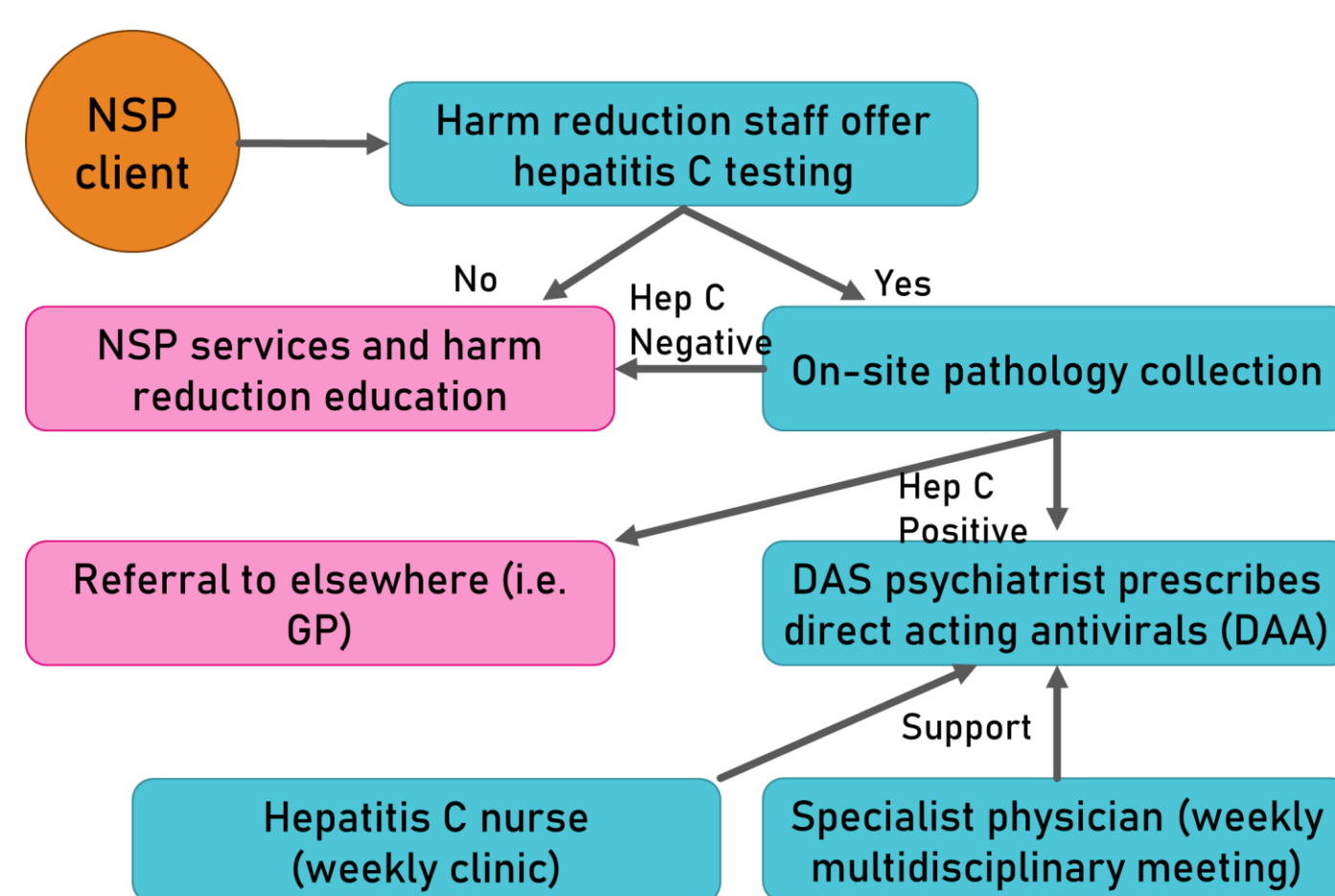
In Australia, metropolitan areas have higher hepatitis C treatment rates than regional areas, despite regional areas having a higher per capita notification rate for hepatitis C infection¹. People who inject drugs (PWID) are a priority population who prefer treatment in community settings². It is essential to increase access to testing and treatment within services utilized by PWID in regional areas to achieve hepatitis C elimination.

AIM

Our new model of care aimed to engage PWID in hepatitis C testing and treatment, provided by harm reduction and community mental health staff, at a needle and syringe program (NSP)

METHOD

The model of care (outlined below) was implemented into the NSP co-located with Barwon Health Drug and Alcohol services (DAS).



A retrospective evaluation of the first 12 months was undertaken to determine the care cascade.

Key outcomes:

- proportion of people referred for testing with a defined hepatitis C status
- proportion of people with hepatitis C that started treatment

RESULTS

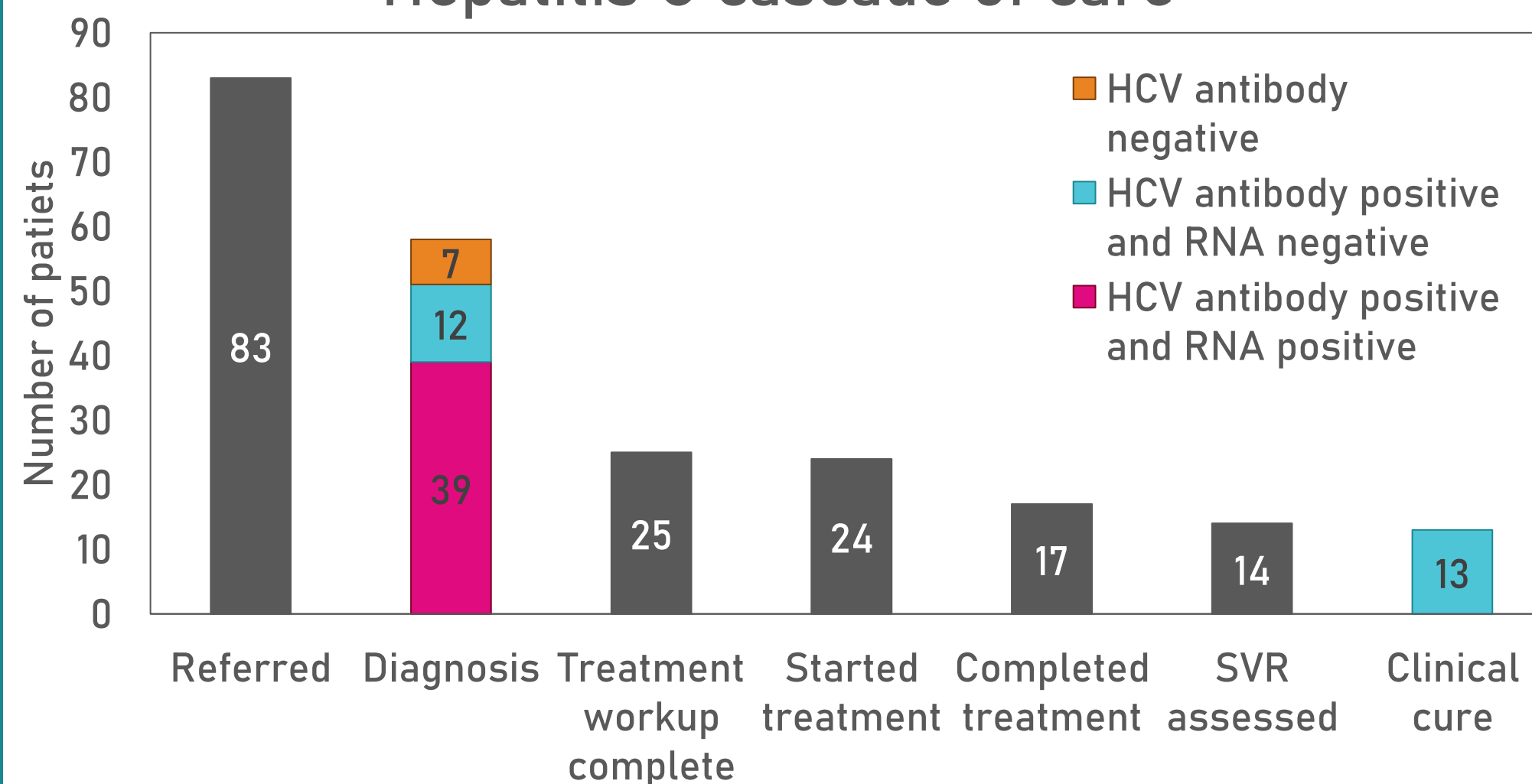
Variable (number of available data)	N	Proportion or mean (SD) or median (range)
Number of patients referred	83	
Age (years)(83)		Mean 39 (8.03)
Sex (male) (83)	53	64%
Previous HCV antibody test (83)	64	77%
Previous HCV RNA test (64)	29	45%
Previous diagnosis of hepatitis C (29)	20	69%
Previous hepatitis C treatment (20)	9	45%
IDU ever (83)	80	96%
Active IDU (80)	70	88%
Current OST (83)	25	30%
Current defined hepatitis C status (83)	58	70%
• HCV antibody negative (no HCV exposure)	7	12%
• HCV antibody positive and HCV RNA negative (past HCV exposure/infection)	12	21%
• HCV antibody and HCV RNA positive (current HCV infection)	39	67%

HCV=hepatitis C virus

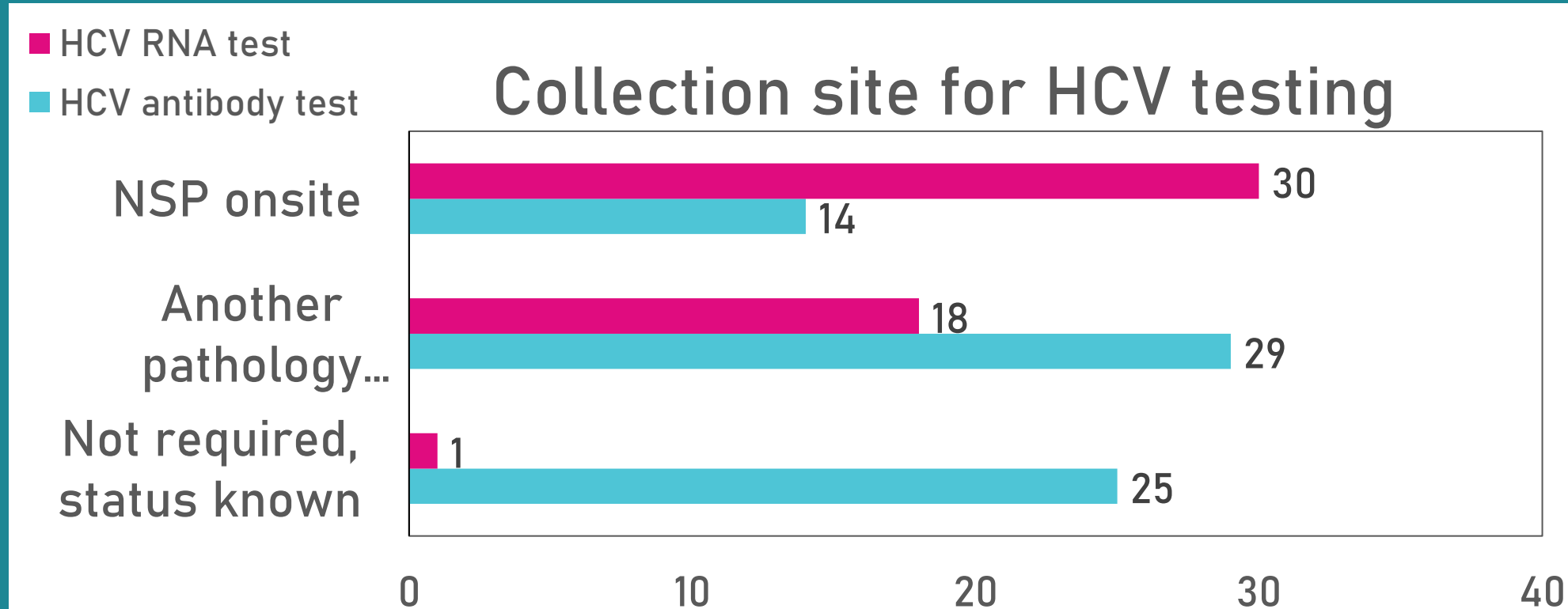
IDU=injecting drug use

OST=opioid substitution therapy.

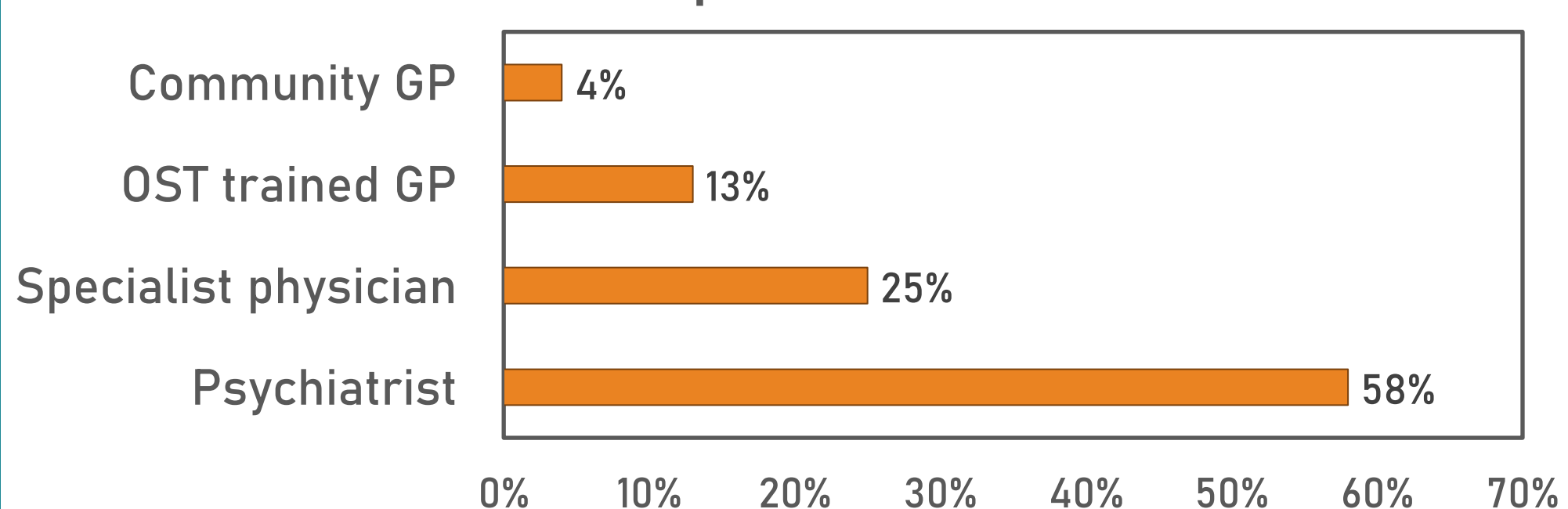
Hepatitis C cascade of care



The cascade of care for the NSP hepatitis C testing and treatment service implemented in Geelong, Victoria from November 2018 to November 2019. The n for each step is the total of the preceding step. Grey columns indicate patients that were yes for that stage, magenta is patients that are viremic (Antibody positive (AB+) and HCV RNA detected (RNA+), blue is AB+ and HCV RNA not detected (RNA-) and orange is antibody negative (AB-). Diagnosis is for patients who completed the diagnosis workup (n=58). Sustained virologic response (SVR) assessed is patients who had HCV RNA tested between 9 and 26 weeks after completing treatment. A clinical cure is defined as HCV RNA not detected at the SVR timepoint.



DAA prescribers



DISCUSSION AND CONCLUSION

- Engaging harm reduction and mental health staff in hepatitis C management resulted in the majority of those referred with a proven infection receiving a DAA prescription.
- Maintaining this population in the care cascade remains challenging, and simplification of the diagnostic algorithm is likely to be advantageous.
- Increasing points of access for hepatitis C testing and creating interdisciplinary hepatitis C services are critical to achieving health service equity in regional and remote areas.

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We wish to acknowledge the patients whose data were included in this study.

References

1. Scott, N., Hainsworth, S.W., Sacks-Davis, R., Pedrana, A., Doyle, J., Wade, A. and Hellard, M., 2018. Heterogeneity in hepatitis C treatment prescribing and uptake in Australia: a geospatial analysis of a year of unrestricted treatment access. *Journal of virus eradication*, 4(2), pp.108-114.
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