EXPANDING HCV TESTING IN GENERAL PRACTICE FOR PEOPLE WHO INJECT DRUGS

Butler K¹, Day C², Burns L¹, Larney S¹

¹ National Drug and Alcohol Research Centre, UNSW Australia ² The University of Sydney, Australia

Introduction and Aims: The recent introduction of subsidised direct acting anti-virals (DAAs) for all people with chronic hepatitis C (HCV) in Australia, along with the provision for general practitioners (GPs) to prescribe DAAs in consultation with a specialist, is expected to bolster access to HCV treatment. This is especially true among people who inject drugs (PWID), the group most affected. Yet there is increasing evidence that this group frequently do not receive complete testing, i.e. confirmatory polymerase chain reaction (PCR) testing following positive HCV antibody (anti-HCV) testing. We aimed to determine the proportion of PWID who received complete testing in the GP setting compared to those tested at other sites (e.g. specialist or targeted).

Design and Methods: The Illicit Drug Reporting System (IDRS) is an annual illicit drug sentinel surveillance system. In 2015, we interviewed 100-150 people who regularly inject drugs in each Australian capital city (N=888). All participants received AUD\$40 for survey completion. Interviews included questions on HCV testing and treatment settings.

Results: The majority of participants (93%) reported anti-HCV testing. Most participants (52%) identified their regular GP as ordering the most recent anti-HCV test with the remainder reporting testing being done at other sites. Confirmatory PCR testing was self-reported by 62% of those who reported being anti-HCV positive. The most common setting reported for this test was their regular GP (46%). The proportion of PWID who reported receiving PCR testing from their GP (63%) was similar to PCR testing at other services (62%), indicating a substantial minority receive incomplete testing.

Discussions and Conclusions: HCV testing was most frequently undertaken by participants' regular GP. These findings suggest that GPs are currently providing PCR testing similar to other services, although more than one-third of anti-HCV positive PWID are receiving incomplete testing, a situation which urgently needs to be rectified before DAAs can have a population benefit.

Disclosure of Interest Statement: The IDRS a part of the Drug Trends Program at NDARC, is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund.