Australia is Making Progress Toward Eliminating Hep C in People Who Inject Drugs

The nation's health care system provides unrestricted access to hepatitis C treatment.

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Thanks to a health care system that provides unrestricted access to direct-acting antiviral (DAA) treatment for hepatitis C virus (HCV), Australia is making good progress in eliminating the virus among people who inject drugs (PWID).

As described in Clinical Infectious Diseases, researchers conducted an observational study, called the ETHOS Engage study, of PWID attending drug treatment clinics and needle and syringe programs (NSPs) in Australia. The participants received HCV testing and completed a questionnaire that included self-reported hep C treatment history.

Between May 2018 and September 2019, 1,443 participants were enrolled. Sixty-four percent injected drugs during the last month, and 74% were receiving medication-assisted treatment for opioid use disorder.

Twenty-eight percent of the participants had never had HCV, 16% had had the virus but their immune system had spontaneously cleared the infection, 32% had had hep C and cleared it through treatment, and 24% were currently infected with the virus.

After adjusting the data to account for various differences among the participants, the study authors found that factors associated with a higher likelihood of currently having hep C included being homeless (1.47-fold increased likelihood), having been incarcerated in the previous year (2.04-fold increase), injecting drugs at least daily (2.26-fold increase).

Among those who had ever had hep C, the receipt of treatment for the virus was 32% lower among women, 41% lower among those experiencing homeless and 49% lower among those who injected drugs at least daily.

People age 45 and older and those receiving medication-assisted treatment were 1.46-fold and 2.62-fold more likely to report having received HCV treatment, respectively.

“Unrestricted DAA access in Australia has yielded high treatment uptake among PWID attending drug treatment and NSPs, with a marked decline in HCV prevalence,” the study authors concluded. “To achieve elimination, PWID with greater marginalization may require additional support and tailored strategies to enhance treatment.”

To read the study abstract, click here.

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