# Hep C Testing and Treatment Rates Are High Among Australians Who Inject Drugs

The nation has provided unrestricted access to hepatitis C treatment since 2016.

April 24, 2019 By Benjamin Ryan

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In Australia, where access to direct-acting antiviral (DAA) treatment has been unrestricted since March 2016, people who inject drugs (PWID) have high rates of hepatitis C virus (HCV) testing and treatment.

Presenting their findings at the 53rd International Liver Congress in Vienna, Australian researchers from the ETHOS Engage study enrolled 507 PWID between May and November 2018. The participants were all attending drug treatment clinics or syringe services programs. Seventy percent of the group had injected drugs during the previous month, and 70 percent were currently receiving medication-assisted treatment (MAT) for opioid use disorder (OUD).

Upon entering the study, the participants received HCV RNA testing but not antibody testing. A positive antibody test result indicates exposure to the virus but cannot determine whether that person has cleared the virus—whether spontaneously or through treatment. A positive HCV RNA test indicates that an individual is chronically infected. The study considered individuals to be antibody positive if they had HCV RNA or if they reported ever having or being treated for the virus.

Seventy-three percent (370) of the participants had HCV antibodies, and 58 percent (296) were currently or previously chronically infected. Among those with antibodies, 76 percent had previously been tested for hep C RNA. Among those who were ever infected, 86 percent had ever been connected to medical care for the virus, and 68 percent had ever received HCV treatment.

The use of HCV treatment was high across various subpopulations of PWID, including those currently taking MAT (71 percent had received treatment for the virus), those not taking MAT (59 percent uptake), those reporting injection drug use within the previous month (70 percent) and those reporting the following drugs within the past month: heroin (68 percent), other opioids (57 percent) and amphetamines (70 percent).

After adjusting the data to account for various differences between the participants, the study

authors found that compared with being male, being female was associated with a 38 percent lower likelihood of receiving HCV treatment. Also, compared with not currently receiving MAT, currently receiving MAT was associated with a 1.76-fold greater likelihood of receiving treatment for hepatitis C.

Among those who tested positive for HCV RNA upon enrolling in the study, 26 percent were currently chronically infected, 33 percent had been cured through treatment, 17 percent had spontaneously cleared the virus and 23 percent had never been infected.

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