



Australian Needle Syringe Program Survey: WA overview and progress towards HCV elimination

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Acknowledgements:

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HepatitisWA**

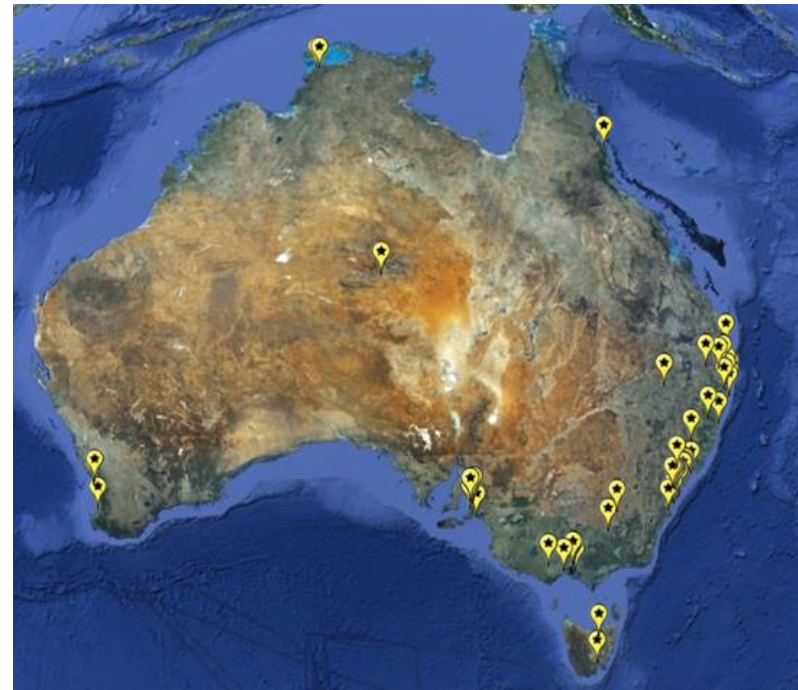
**Jude Bevan and Sam Gibbings Sexual Health and Blood-borne Virus
Program, Communicable Disease Control Directorate
Department of Health**

ANSPS National Advisory Group

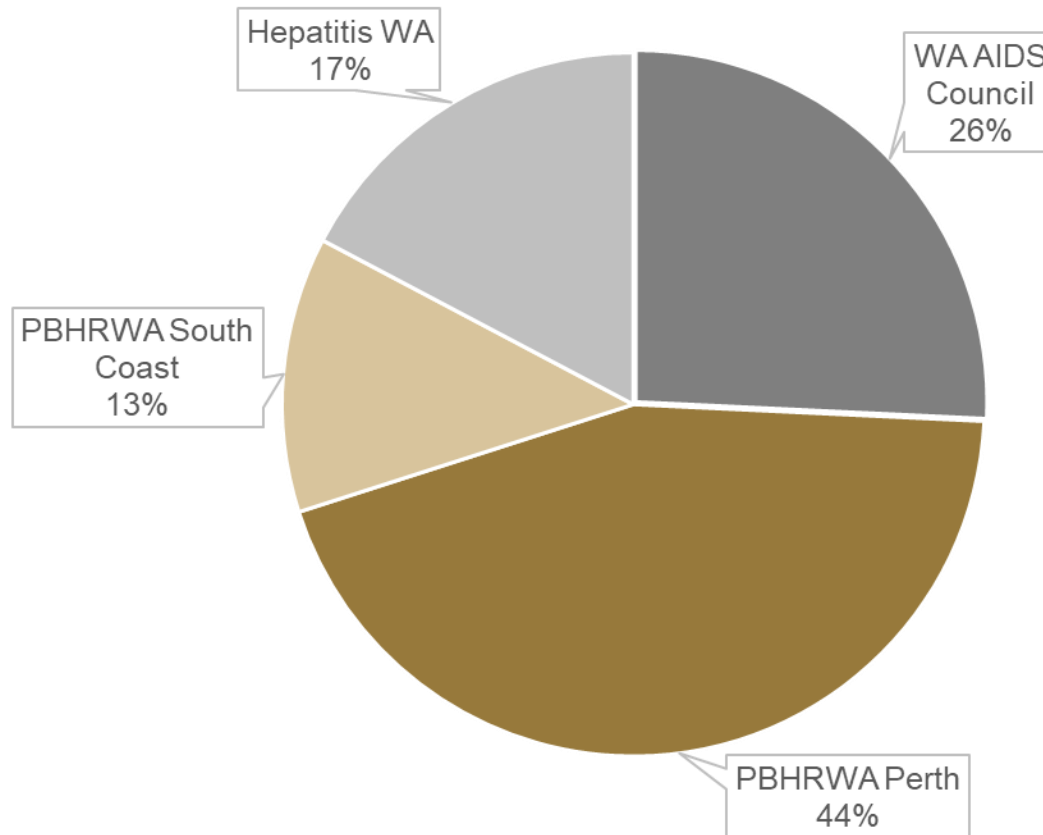
Funding: Australian Government Department of Health

Australian Needle Syringe Program Survey (ANSPS)

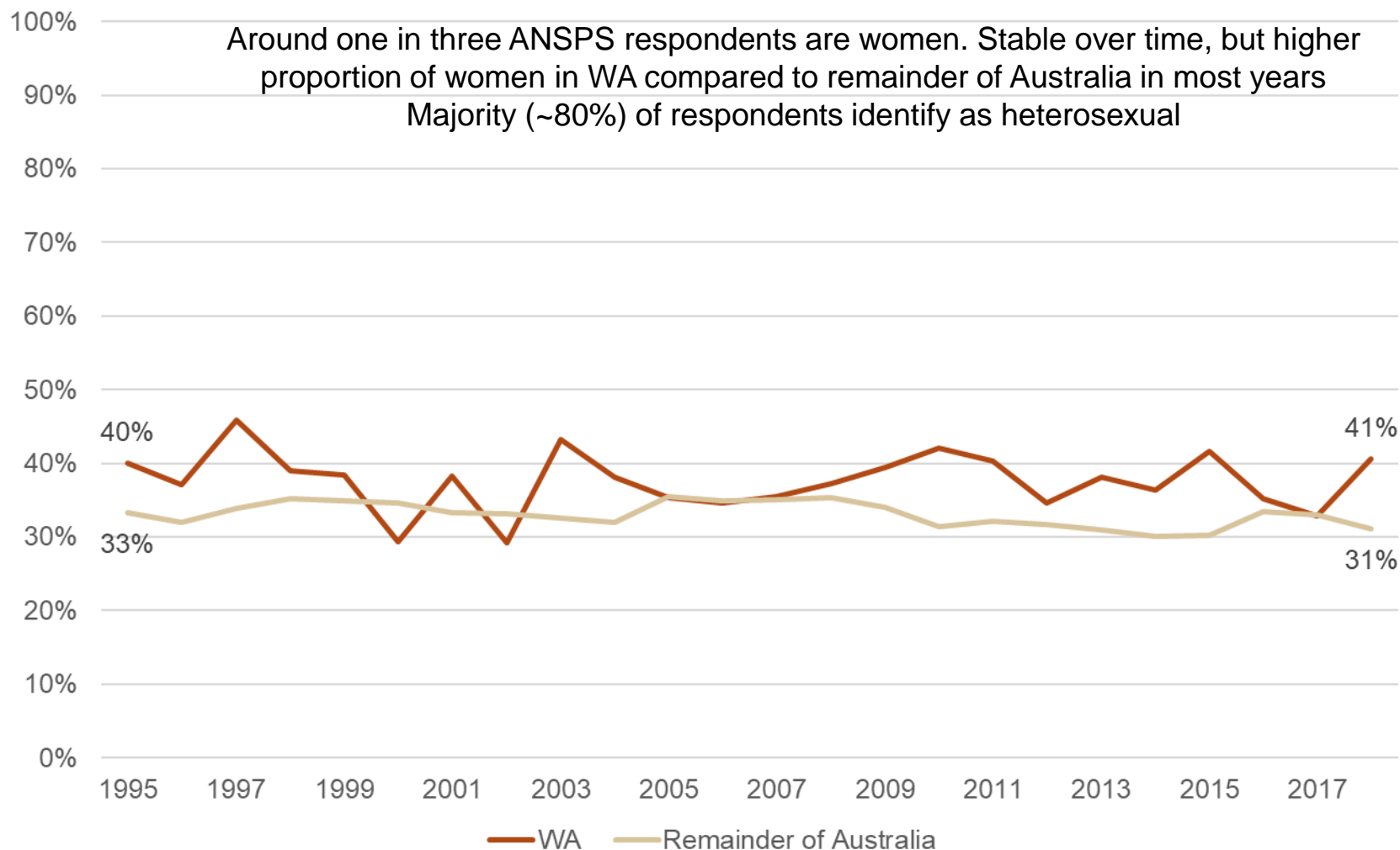
- Bio-behavioural sentinel surveillance system conducted annually since 1995
- Self-administered questionnaire & provision of dried blood spot (DBS)
- DBS testing: HIV/HCV antibody and HCV RNA testing (from 2015)
- Conducted at ~50 NSPs nationally
4 services in WA
- 2500 respondents per annum
~500 respondents in WA (20%)
- 75% metropolitan 25% regional/remote
- Representative of NSP attendees at sentinel sites¹



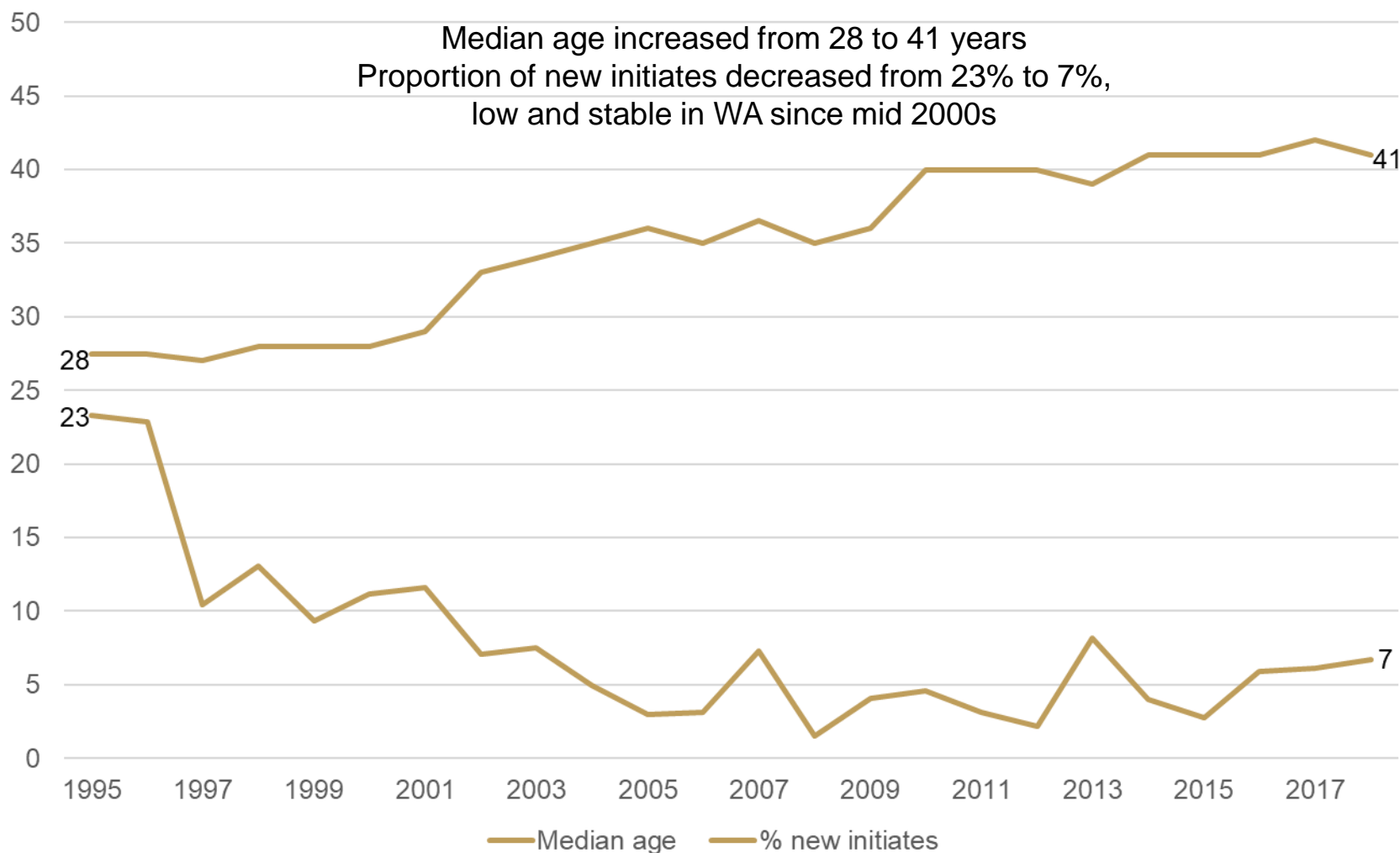
ANSPS respondents from WA (2015-2018)



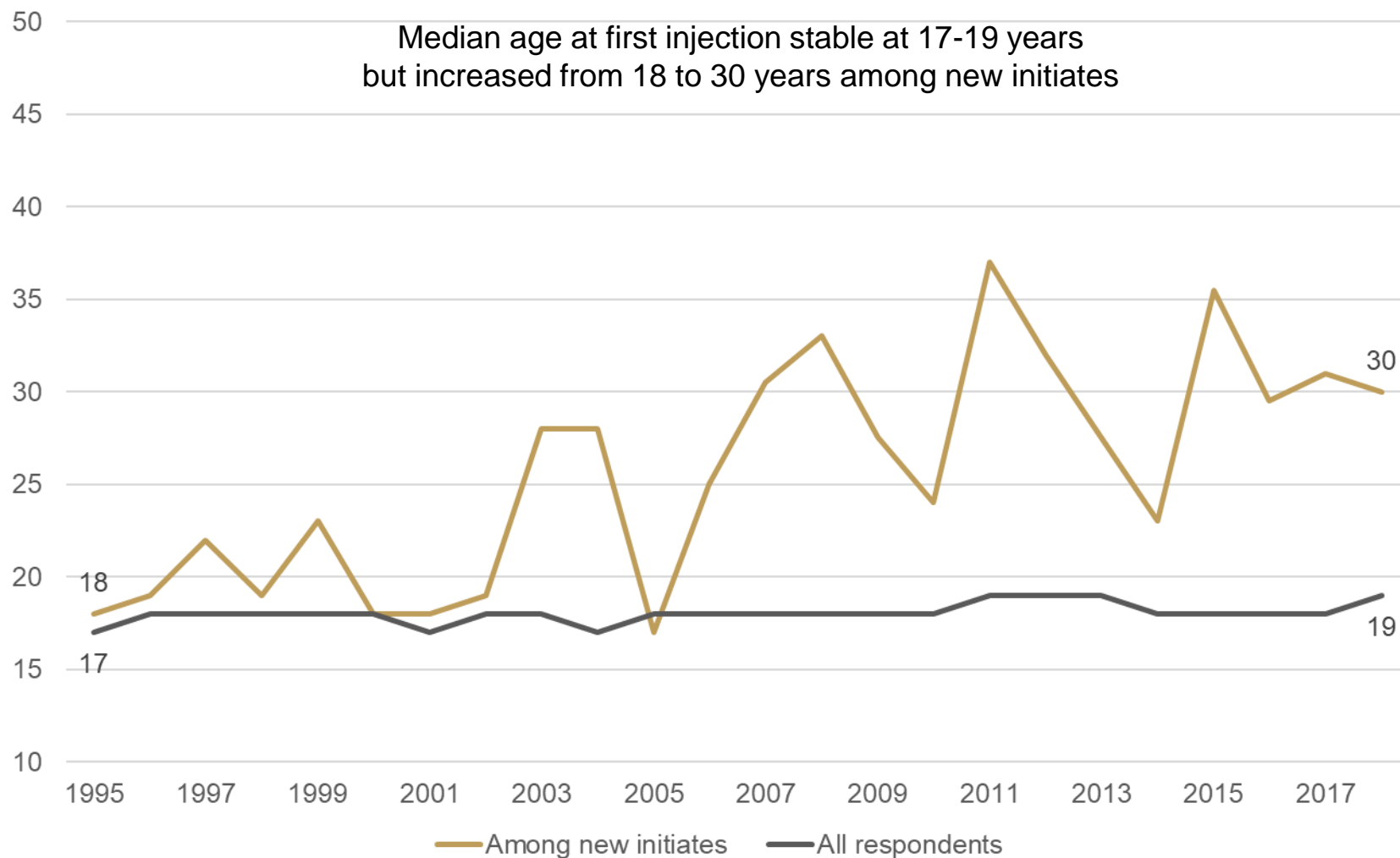
Proportion female, WA and remainder of Australia



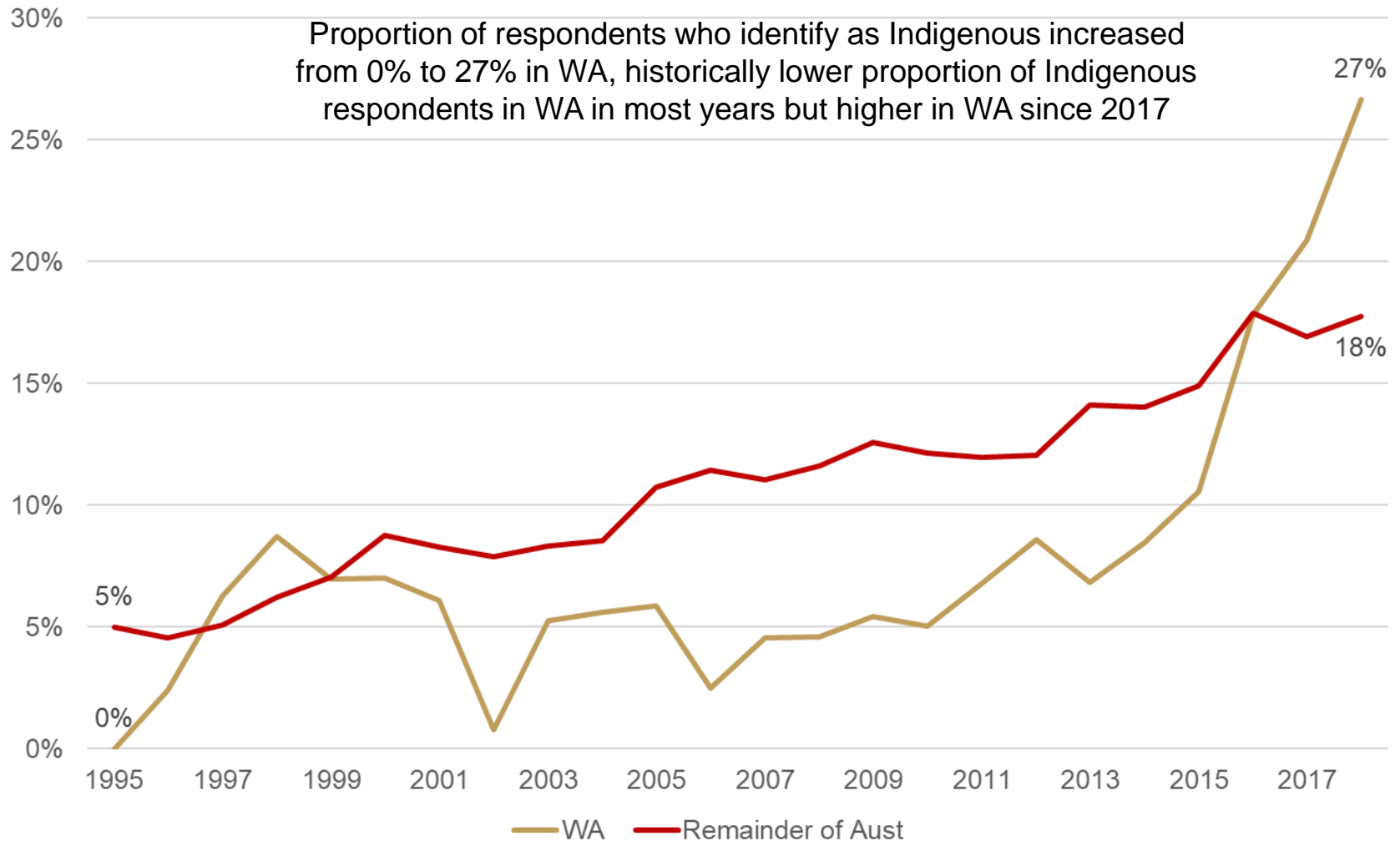
Median age and proportion of new initiates, WA



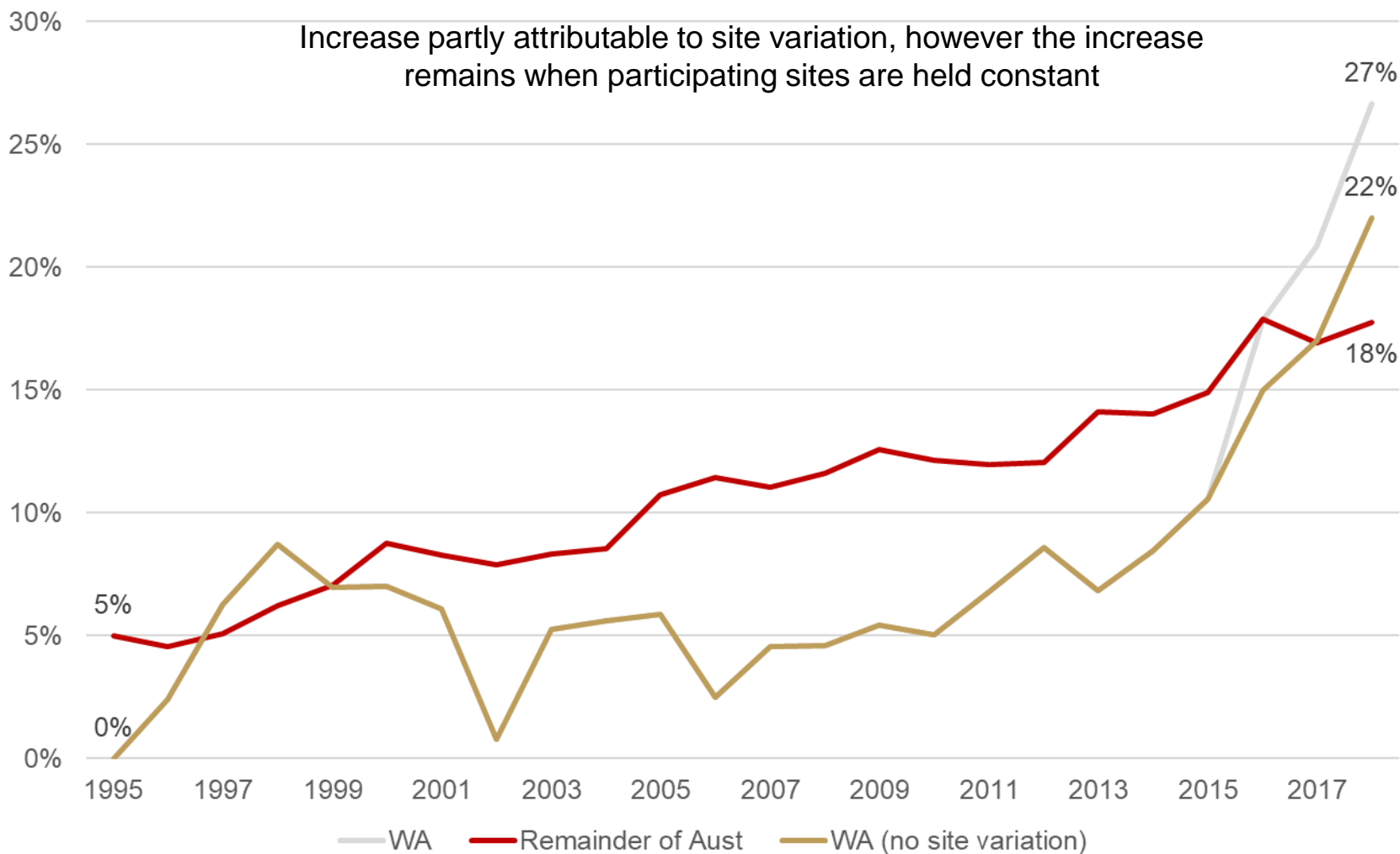
Median age at first injection, WA



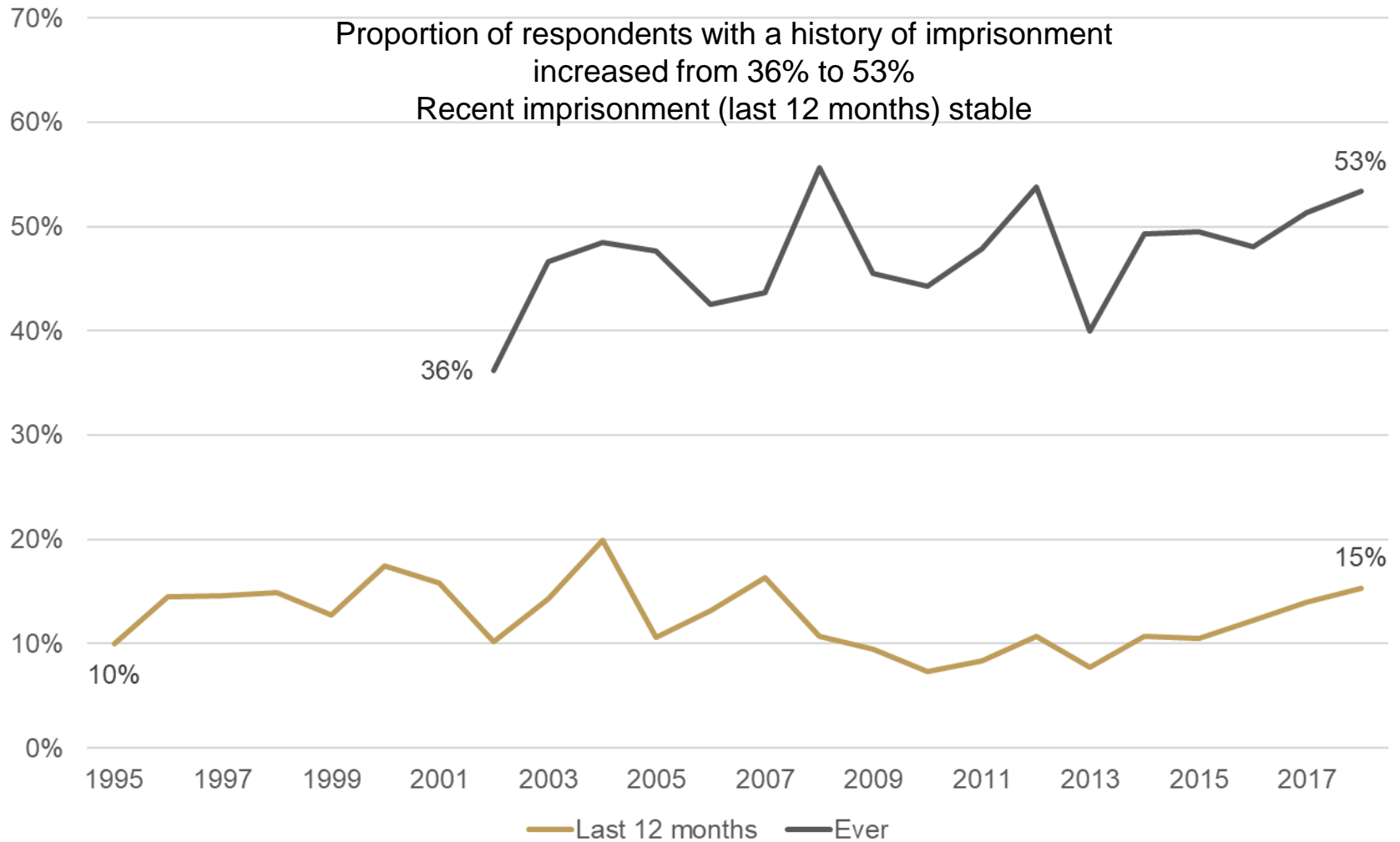
Proportion of Indigenous respondents, WA and remainder of Australia



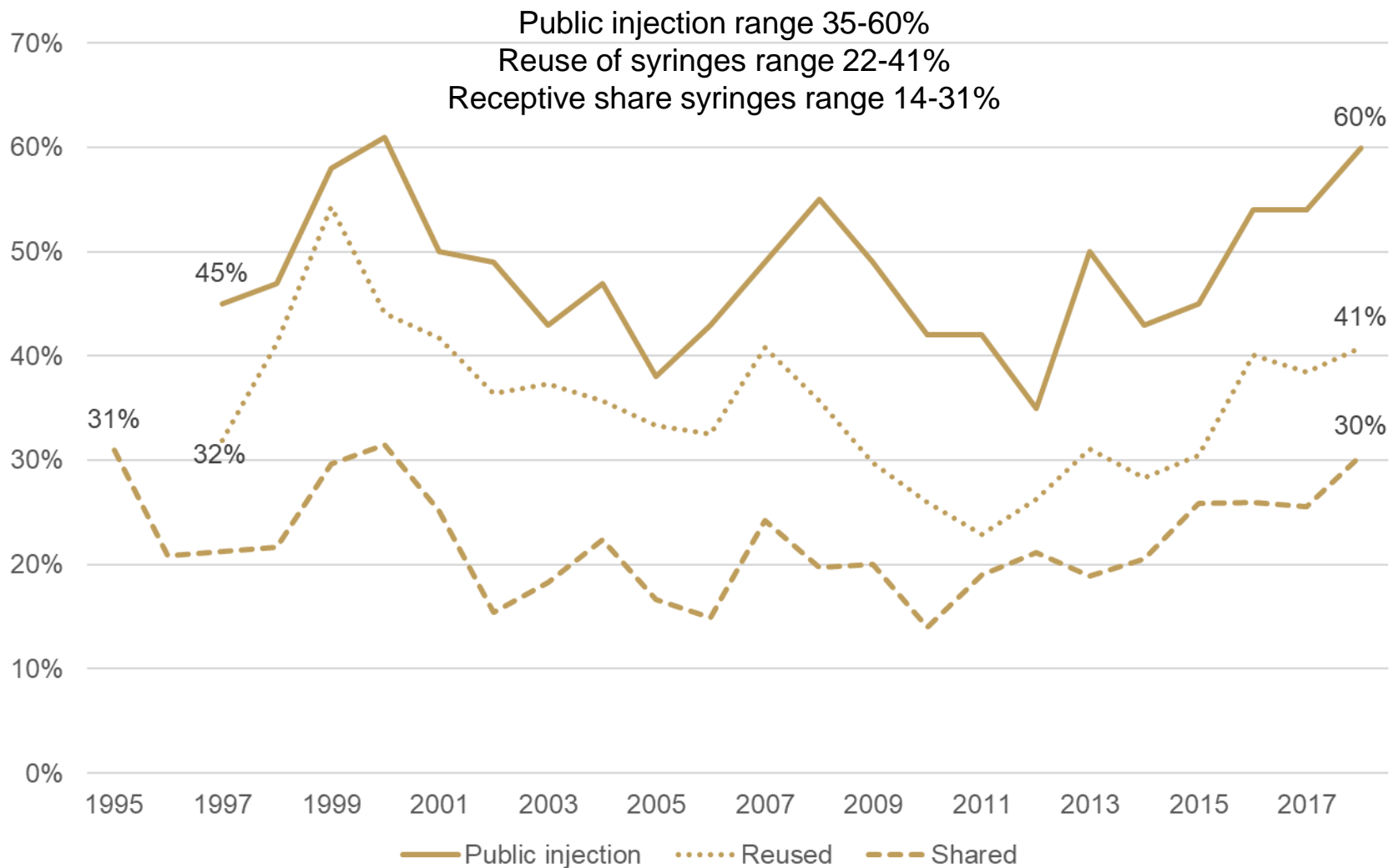
Proportion of Indigenous respondents, WA and remainder of Australia



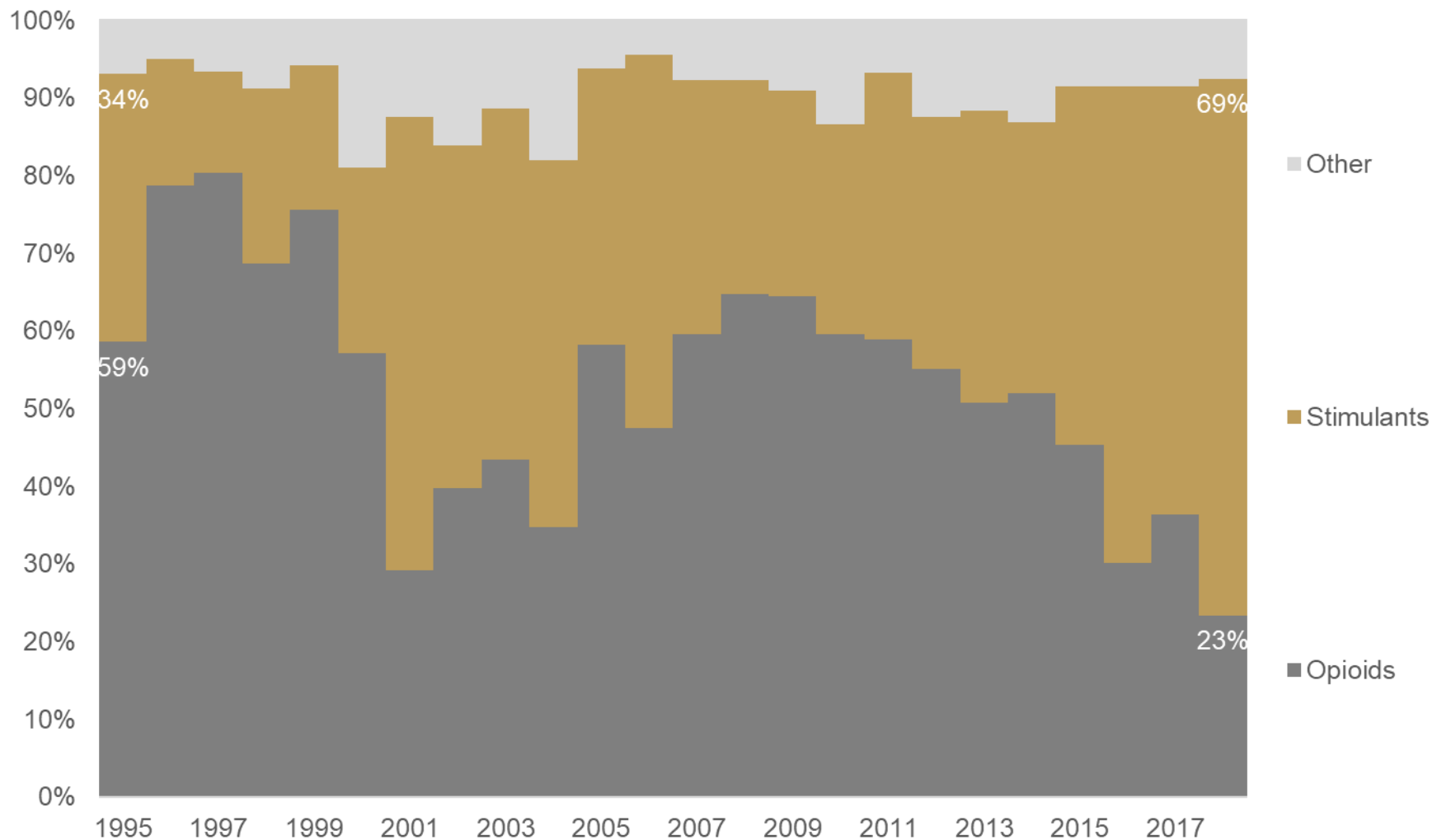
Imprisonment among respondents, WA



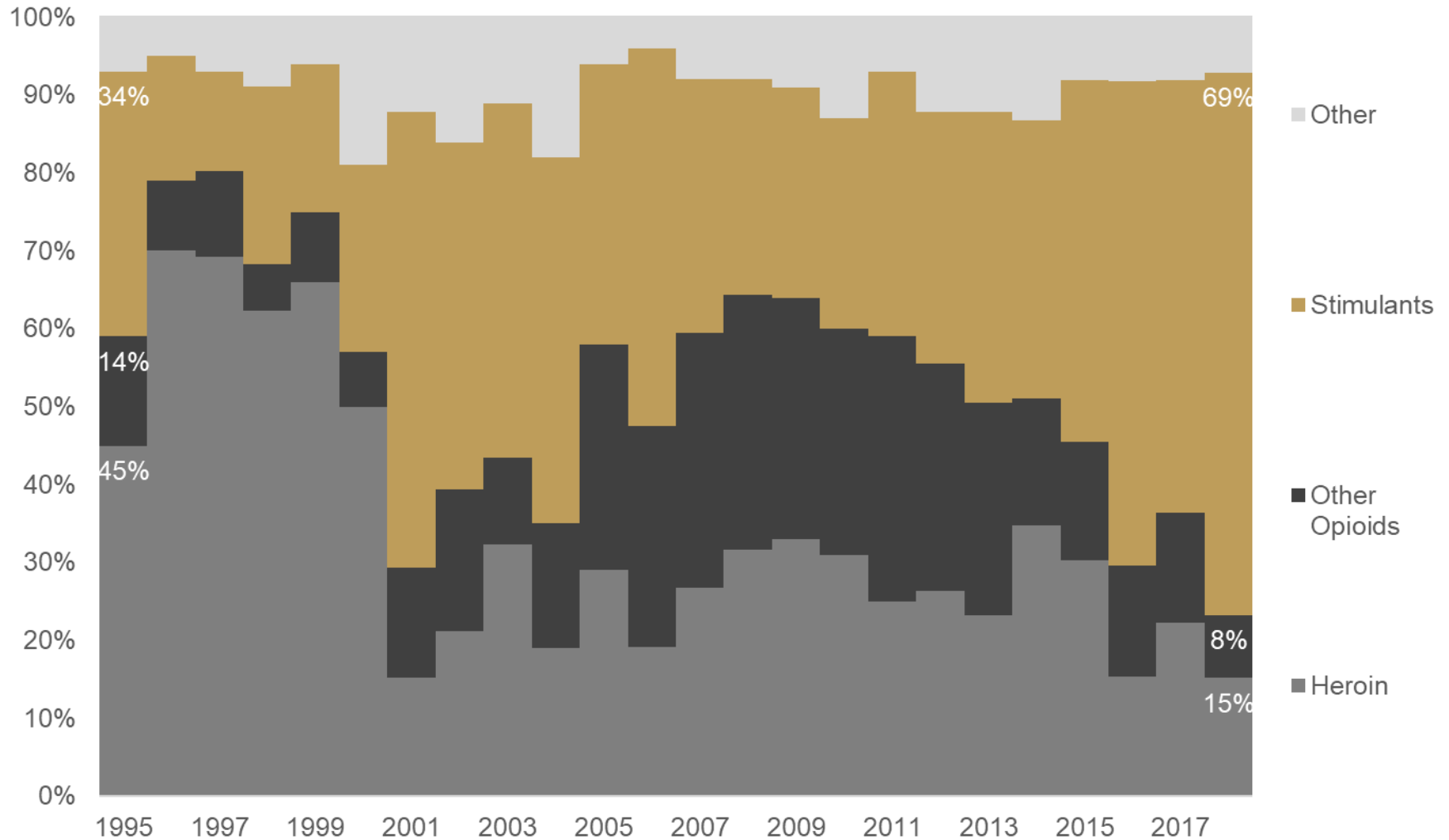
Injection risk behaviour among respondents, WA



Drug last injected, WA



Drug last injected, WA

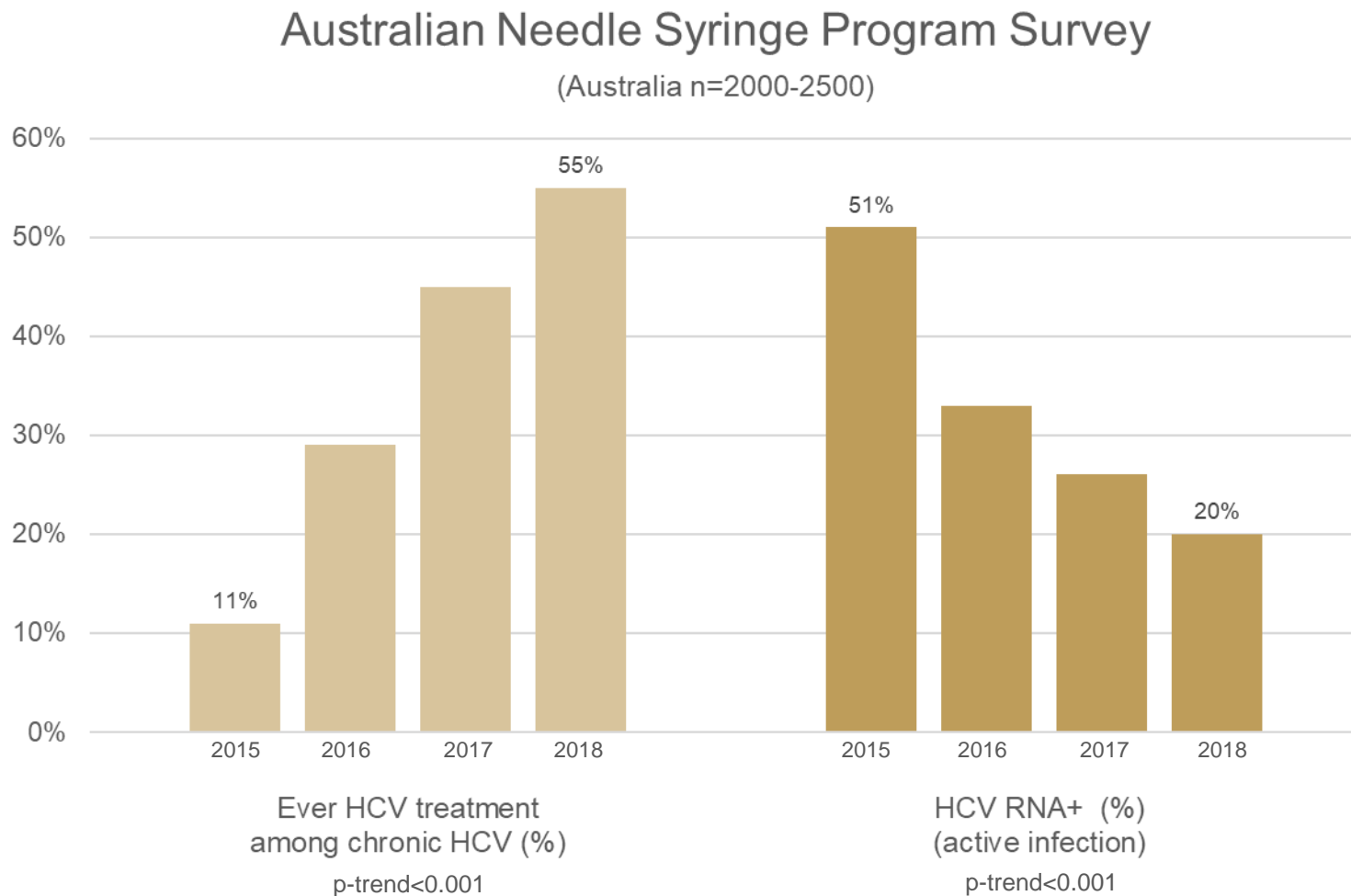


Progress towards HCV elimination among people who inject drugs

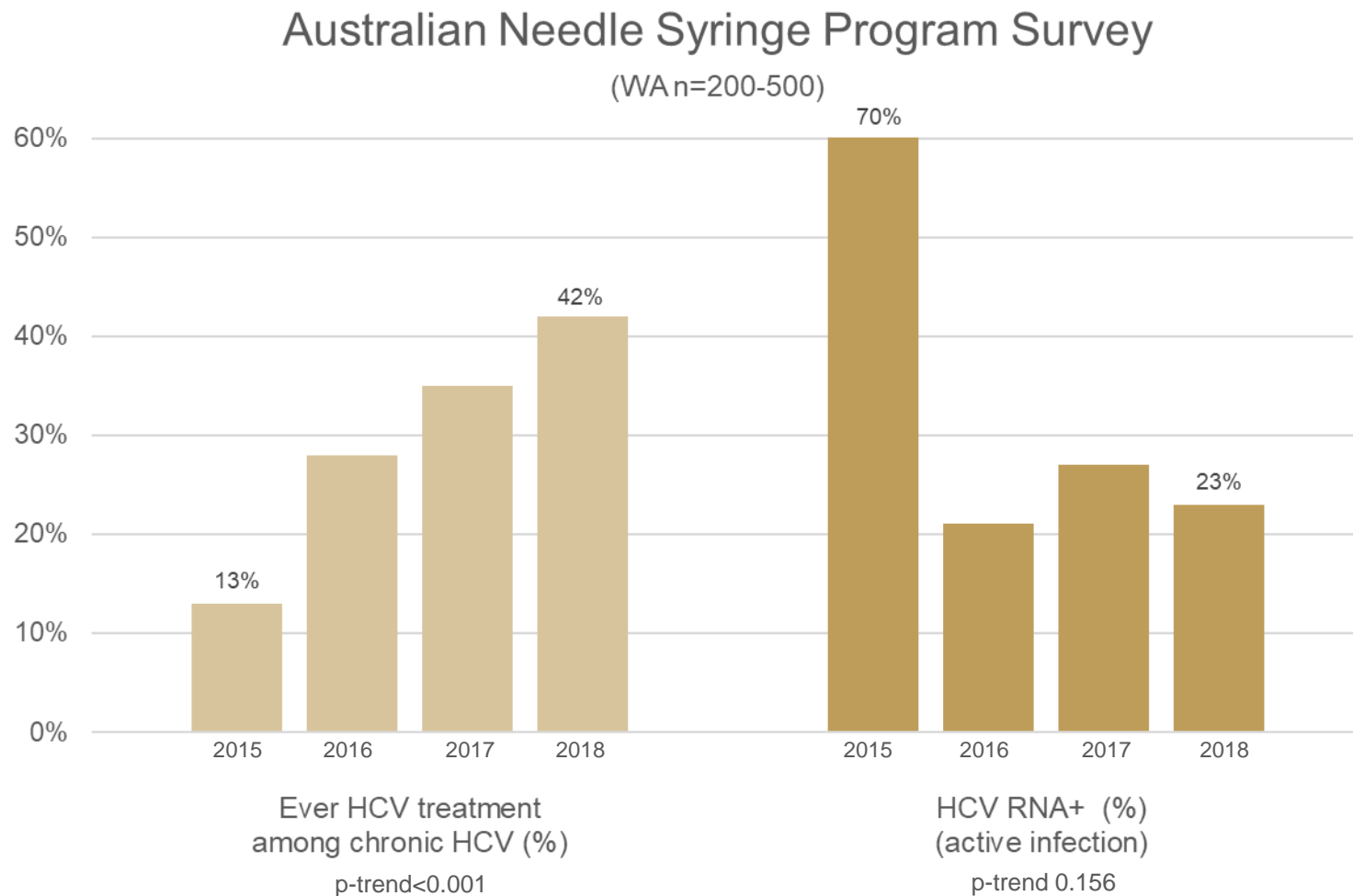
Hepatitis C virus (HCV) background:

- Blood borne viral infection with the potential to cause life threatening liver disease, most commonly transmitted through injection drug use
- Prevention primarily through harm reduction (needle syringe programs)
- No vaccine, ~25% will spontaneously clear the virus, 75% will remain with chronic infection and are at risk of onward transmission
- Direct acting antiviral (DAA) therapies became available on PBS in March 2016 → result in cure for >95% of those completing treatment
- WHO target to eliminate HCV as a public health threat by 2030, including a goal to reduce HCV incidence by 80%
- Requires widespread uptake of DAA therapy and a corresponding decline in viraemic prevalence among those most at risk of transmission
- Fifth National Hepatitis Strategy (2018-2022) supports an evidence-based equitable response to HCV

History of HCV treatment and viraemic prevalence, 2015-2018, national



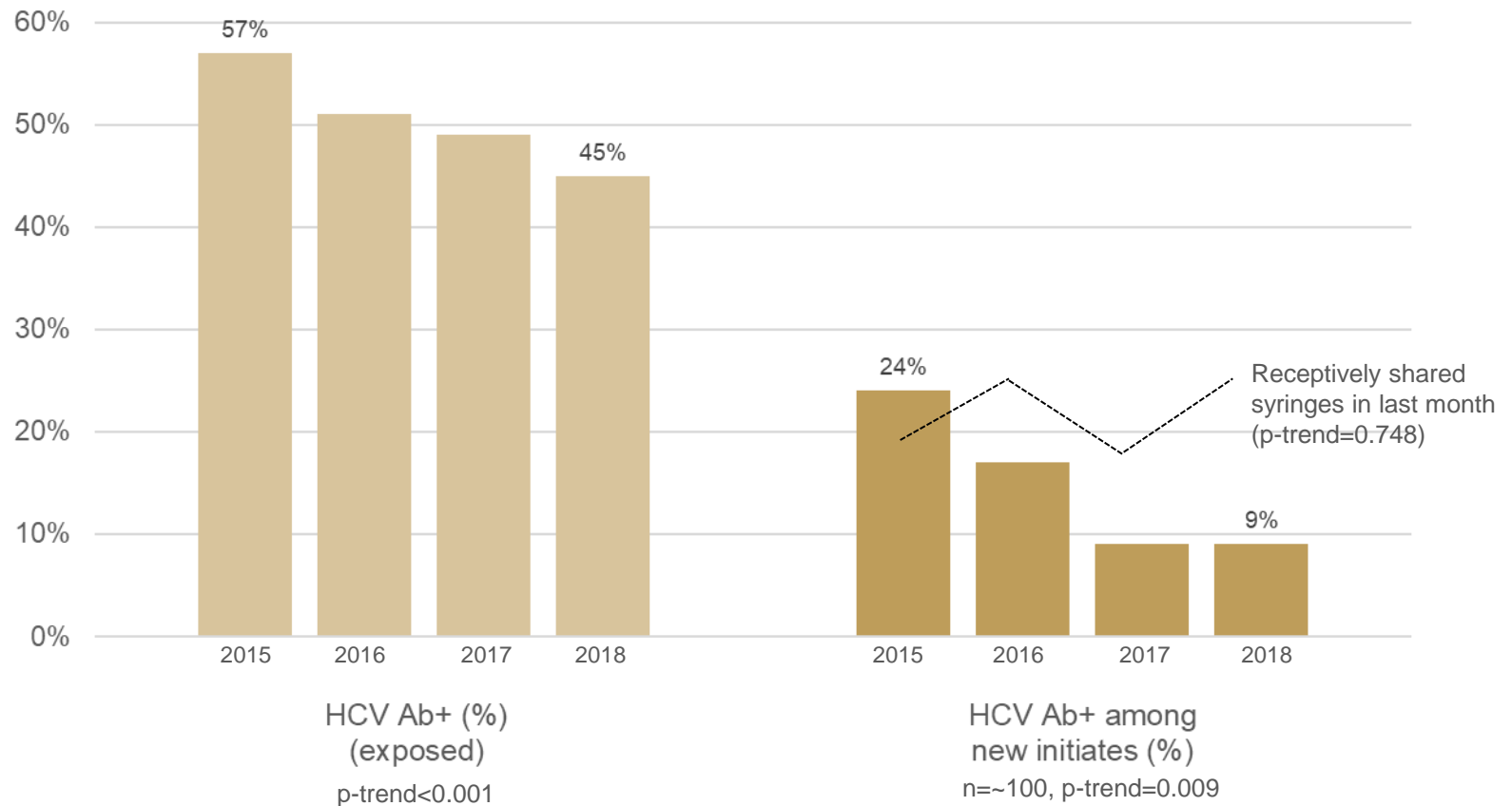
History of HCV treatment and viraemic prevalence, 2015-2018, WA



Exposure to HCV, national

Australian Needle Syringe Program Survey

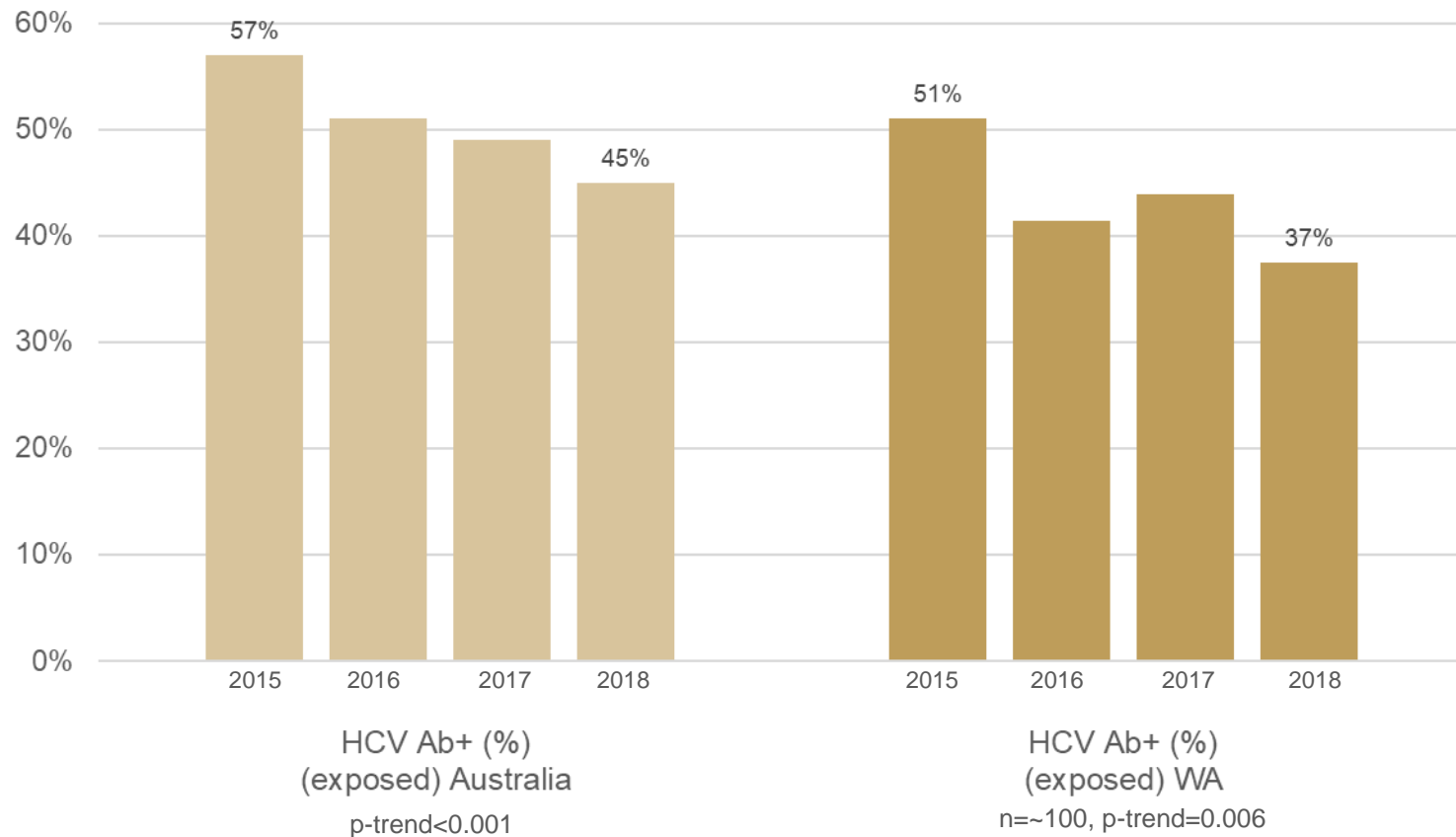
(Australia n=2000-2500)



Exposure to HCV, national & WA

Australian Needle Syringe Program Survey

(Australia n=2000-2500, WA n=200-500)



Summary

Demographic and drug use trends last 5 years (WA)

- Increase in the proportion of respondents who identify as Aboriginal Australian
- Increase in methamphetamine as last drug injected, decline in opioids as last drug injected
- Increase in median age of first injection among new initiates

HCV trends last 5 years (WA)

- Significant increase in uptake of HCV DAA therapy and a corresponding decline in viraemic prevalence
- Decline in the proportion of respondents exposed to HCV, likely due to increase in methamphetamine injection with the potential for a future treatment as prevention effect