



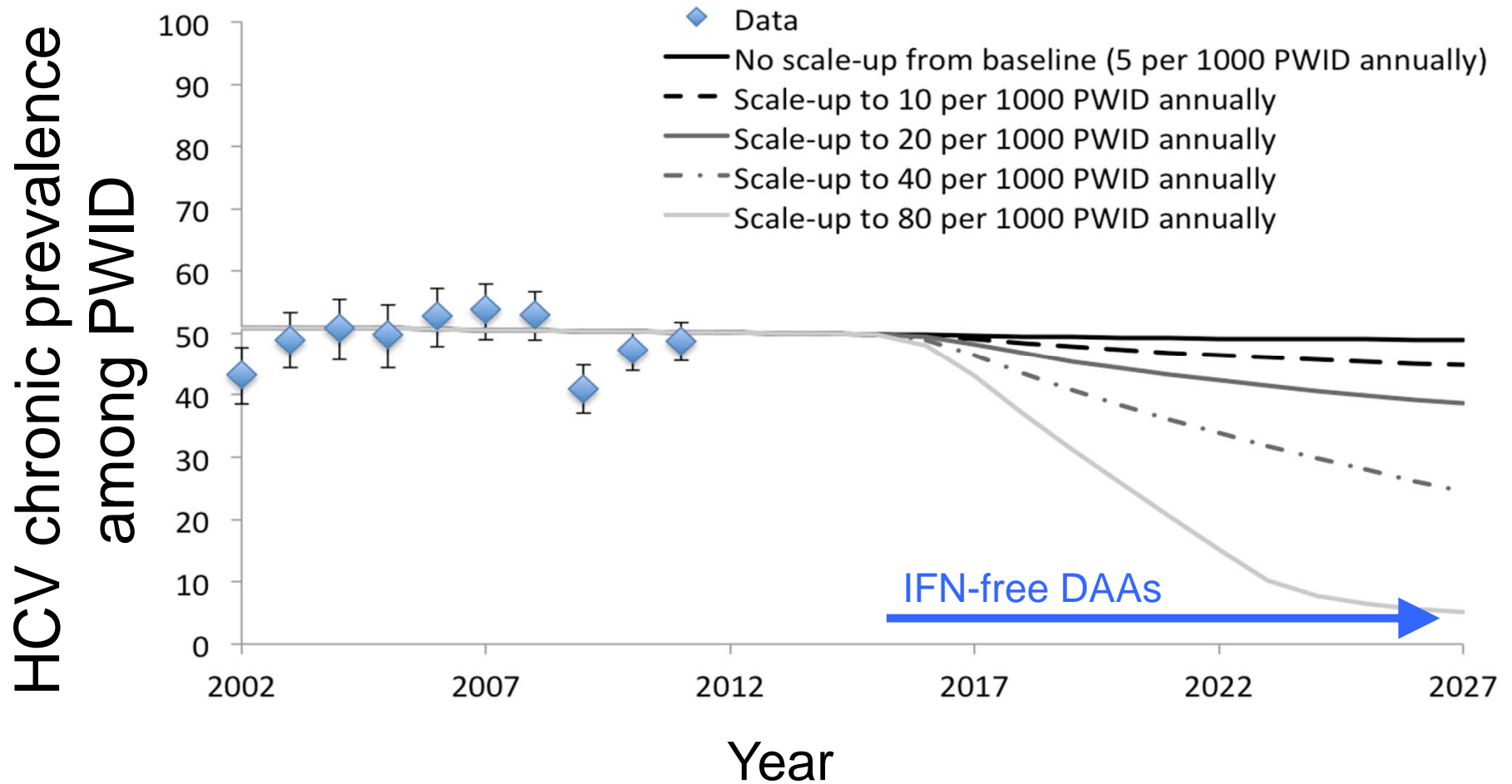
HCV TREATMENT AS PREVENTION

Natasha Martin, Peter Vickerman, and Matthew Hickman

School of Social and Community Medicine, University of Bristol
Social and Mathematical Epidemiology Group, LSHTM

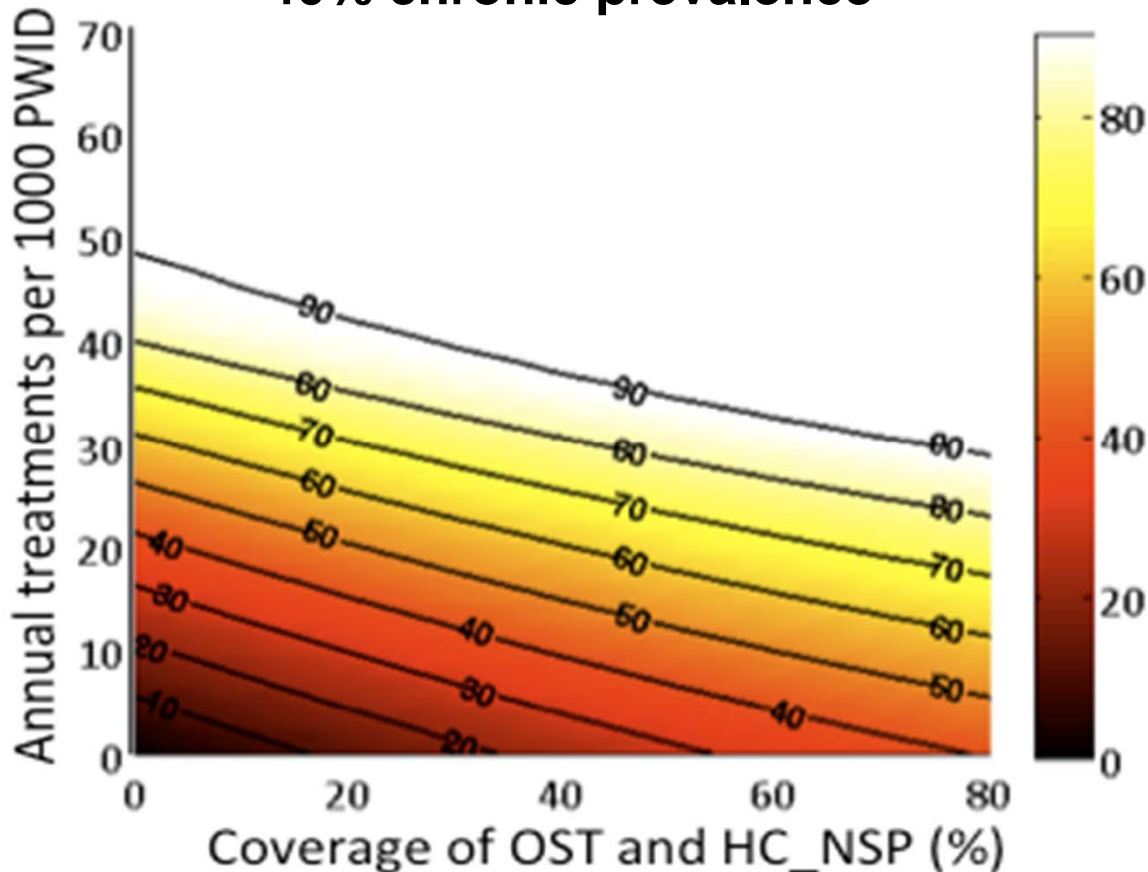


MODELLING HCV TREATMENT AS PREVENTION IN THE DAA ERA: MELBOURNE



🌟 IMPACT OF COMBINING OST/NSP/DAA TREATMENT: 10 YEAR RELATIVE PREVALENCE REDUCTIONS

40% chronic prevalence



- Dark red: modest (<20%) impact, high HCV
- Orange: ~50% impact
- White: >80% impact

FUTURE WORK NEEDS/COLLABORATIONS

- Better evidence – ideally from large cluster RCT as well as observational studies on:-
 - HCV treatment rates among PWID & costs/cost-effectiveness of scaling up case-finding and treatment in different settings (community and prison)
 - Duration of injecting & transitions between high & low risk
 - SVR and re-infection rates among PWID¹
 - PWID prevalence
 - Health utilities of PWID
 - Effect of primary harm reduction interventions such as opiate substitution therapy and needle and syringe programmes on HCV incidence
 - Optimal allocation of HCV interventions: OST, NSP, Antiviral Rx.