# Modelling the effect of a test and treat strategy for HCV prevention using highly effective **DAAs in people who inject drugs in British Columbia**

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# Poster # TUPE055

## Background

- It is estimated that globally 67% of all people who inject drugs (PWID) are infected with HCV (Nelson PK et al. Lancet 2011).
- British Columbia (BC) has 18,000 PWID, of which 65% are HCV-infected, and less than 1% are treated each year.
- Once-daily, direct-acting antivirals (DAA) for HCV with very high tolerability and efficacy are poised to revolutionize the HCV landscape.

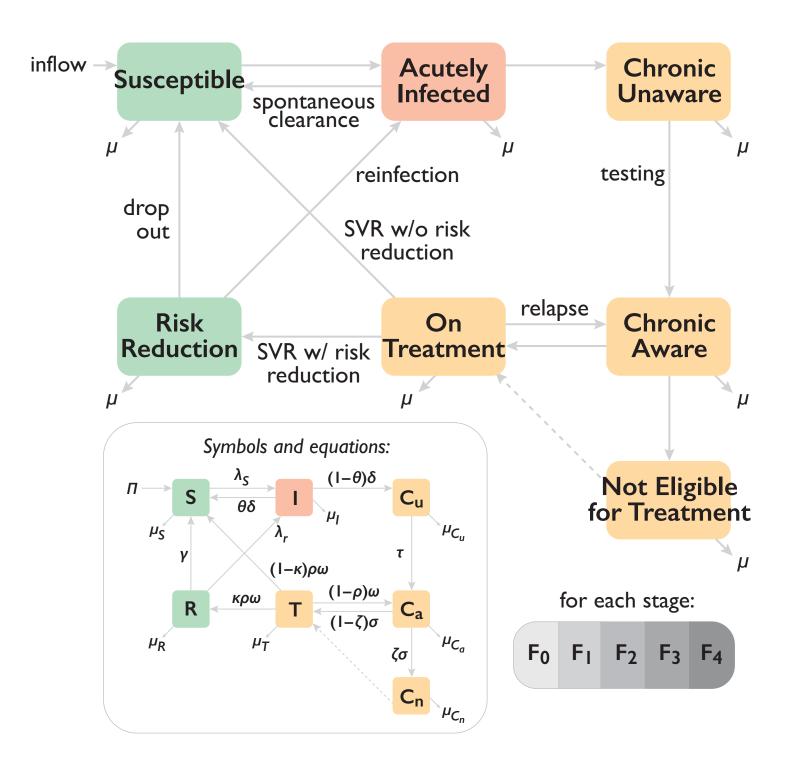
## **Objectives**

- · We modelled the effect that DAAs will have on the HCV epidemic among PWID, and determined the conditions necessary for eradication of the epidemic.
- We studied the effect of increased access to testing and treatment on the basic reproductive ratio  $R_0$ .
- We simulated a 15 year treatment regime and looked at the effect on incidence, prevalence, and mortality.

## Methods

- We developed a dynamic compartmental model with seven major compartments and 5 fibrosis sub-compartments for each.
- Testing, treatment, harm reduction efforts, and reinfection were explicitly modeled.

## Figure 1. Compartmental HCV model

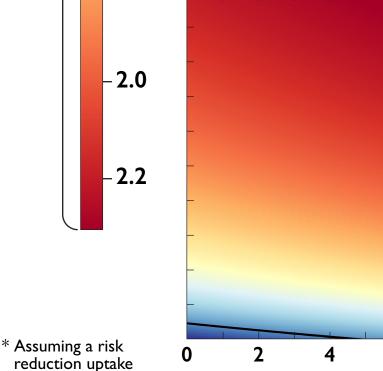


# Peg-IFN + RBV $R_0$ Efficacy:55%Treatment Duration:48 weeks -0.8 Treatment Eligibility: 10% 1.2 1.4 · **I.6** BC, 2013 20% 40% Testing rate $\tau$ (per year) **I.8**

HCV eradicated

HCV endemic ≜

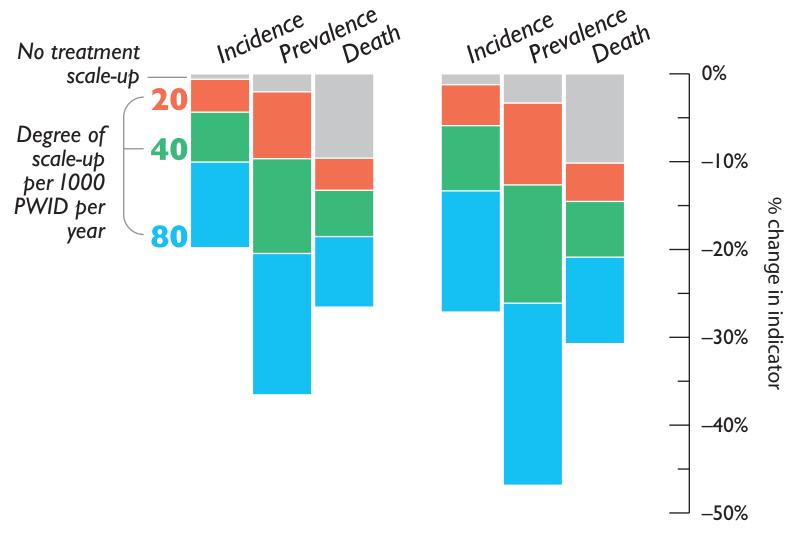
of 45% of PWID/year.



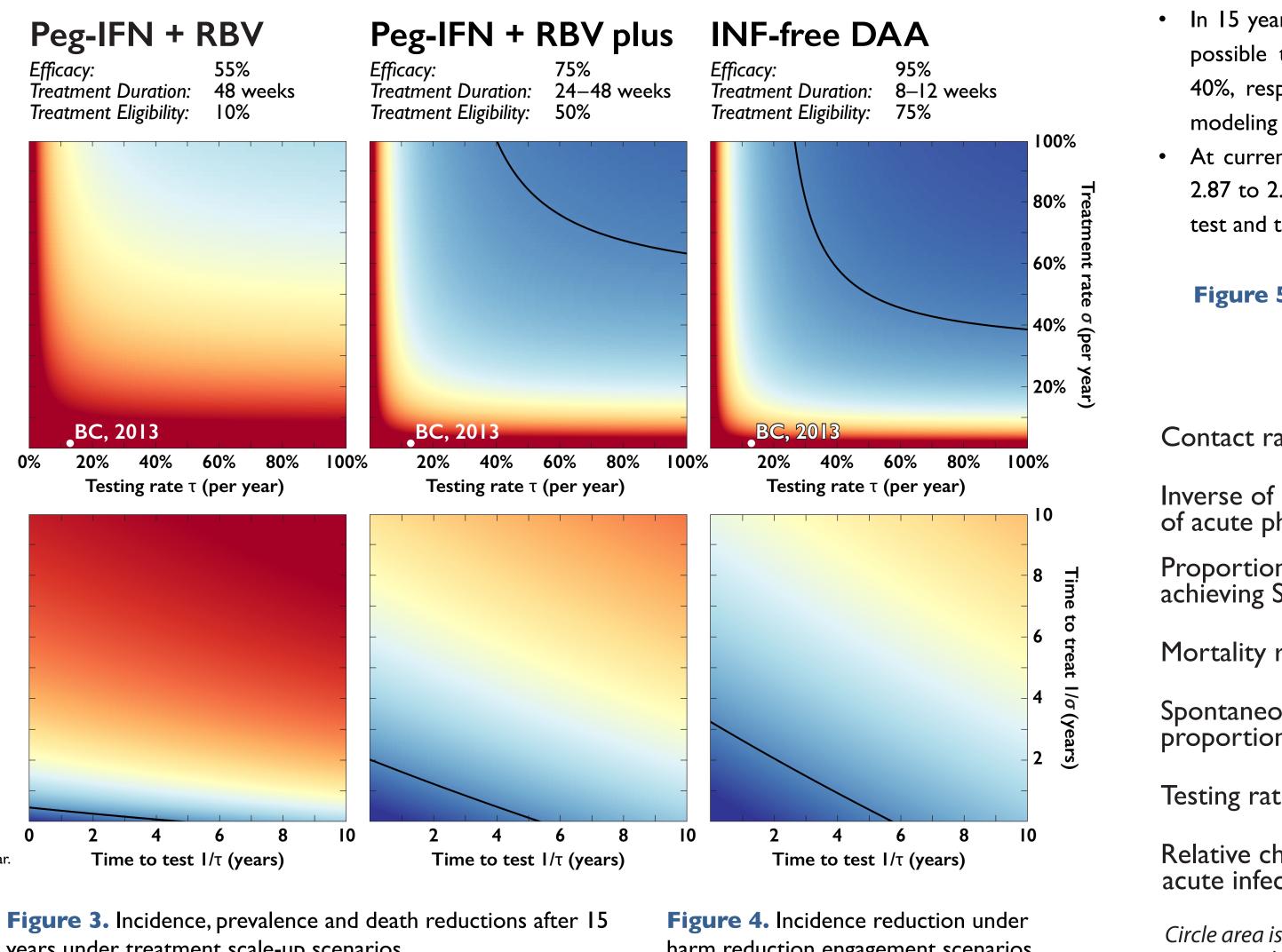
Time to test  $I/\tau$  (years)

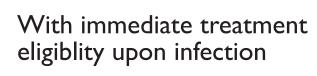
# years under treatment scale-up scenarios



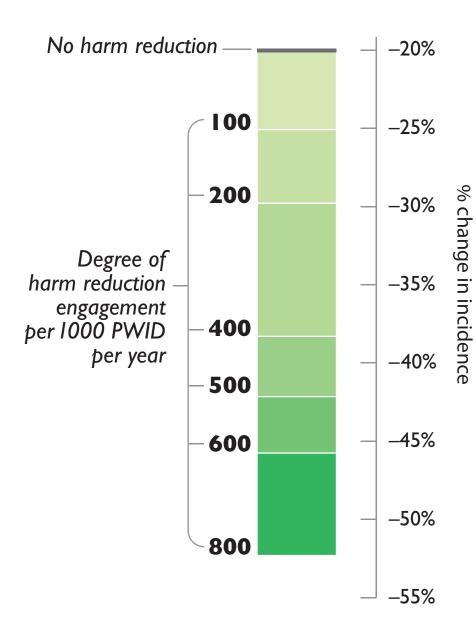


## **Figure 2.** $R_0$ dependence on treatment and testing coverage





harm reduction engagement scenarios after 15 years



### Results

- Contact ra
- Inverse of of acute pl
- Proportior
- Mortality
- Spontaneo proportion
- Testing rate
- Relative ch acute infec

## **Conclusions**

## References





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• In 15 years, under various treatment uptake scenarios it could be possible to reduce incidence and prevalence by over 20% and 40%, respectively. The results agree with previous independent modeling efforts (Martin NK et al., Hepatology 2013).

• At current testing and treatment rates,  $R_0$  would decrease from 2.87 to 2.74 with DAAs; to eliminate the endemic state significant test and treatment uptake is necessary.

Figure 5. Univariate sensitivity analysis by treatment level

		Impact on incidence	Impact on prevalence $\sigma = 2\%$
ate	β	*	$\sigma = 4\%$ $\star \sigma = 8\%$
duration hase	δ		
n SVR	ρ		
rate	$\mu_{ullet}$	0	$\mathbf{O}$
ous clearance n	θ		$\bigcirc$
te	τ	•	
hronic-to- ctivity	ХС	) •	· <b>*</b>

Circle area is proportional to each factor's impact.  $\sigma$  = proportion of PWID treated per year \* = negative coefficient

• Using DAAs it is possible to eliminate the HCV epidemic, which was not possible with previous regimes.

• However, at current treatment levels, the new drugs will have a minimal effect on the HCV epidemic on PWIDs in BC. Engaging patients into risk reduction will significantly reduce

incidence (from reinfection).

• Nelson PK et al. Lancet 2011;378(9791):571-83.

• Martin NK et al. Hepatology 2013;58(5):1598-609.

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