

Hepatitis C Care Continuum Among People Who Inject Drugs in King County, WA

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BACKGROUND

- Hepatitis C virus (HCV) is a blood borne pathogen and major cause of morbidity and mortality
- Injection drug use is the most common risk factor for transmission of HCV
- Previous research by our team has found that many people who inject drugs (PWID) who have HCV are untreated^{1,2}
- This study aims to update the HCV continuum of care and characterize the current prevalence of HCV among Seattle-area PWID
- **Hypothesis:** the percent of PWID with HCV who had been treated for HCV would be higher in 2022 compared to 2018

METHODS

- **Study Design** – local and national survey data from the 2018 and 2022 Seattle-area National HIV Behavioral Surveillance (NHBS) survey of PWID
- **Participants** - recruitment via respondent-driven sampling in King County, WA (See Figure 1 below)
- **Laboratory methods** – rapid HCV antibody testing and HCV RNA (confirmatory) laboratory testing
- **Statistical Analysis** - among those who screened HCV antibody positive, we calculated proportions for self-reported steps along the HCV care continuum, including proportions of PWID who had previously been told they had HCV, were treated, and cured

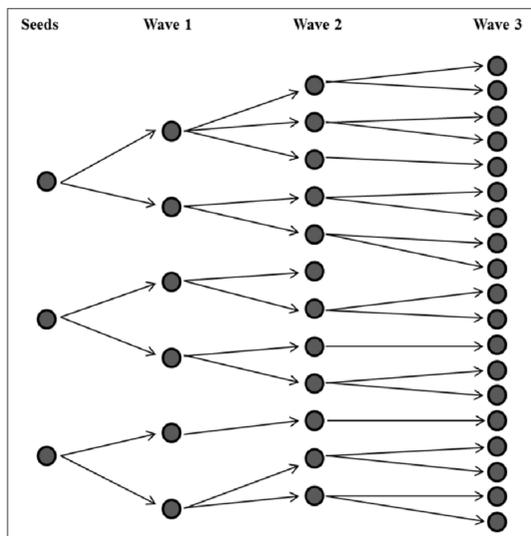


Figure 1. Example of Respondent Driven Sampling

RESULTS

Table 1. Age and gender of PWID by HCV RNA test completion, Seattle Area NHBS-PWID Survey 2022 (N=500)

Demographics		Completed HCV RNA Test N = 272	Did Not Complete HCV RNA Test N = 228	Total N = 500
		N (col %)	N (col %)	N (col %)
Age	18-29	17 (6.3)	12 (5.3)	29 (5.8)
	30-39	64 (23.5)	51 (22.4)	115 (23.0)
	40-49	79 (29.0)	67 (29.4)	146 (29.2)
	50+	112 (41.2)	98 (43.0)	210 (42.0)
	Gender	Male	178 (65.4)	135 (59.2)
Female		92 (33.8)	92 (40.4)	184 (36.8)
Transgender		2 (0.7)	1 (0.4)	3 (0.6)

DISCUSSION

- Between 2018 and 2022, the proportion of PWID with HCV in the Seattle-area who were treated and cured nearly doubled, likely due to fewer restrictions on active drug use during treatment, shorter medicinal treatment regimens, expanding number of HCV treatment providers
- One-in-five PWID are currently viremic and in need of treatment
- **Limitations:** small sample size, findings may not be generalizable to other populations of PWID, self-report method used

CONCLUSIONS

- Increased efforts are needed to lower barriers to HCV treatment
- To reach those still in need of treatment, researchers, clinicians, and policymakers must continue to develop and implement novel HCV treatment interventions and reduce barriers in accessing treatment.

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Hepatitis C Continuum of Care Among Seattle Area PWID, 2018 vs. 2022

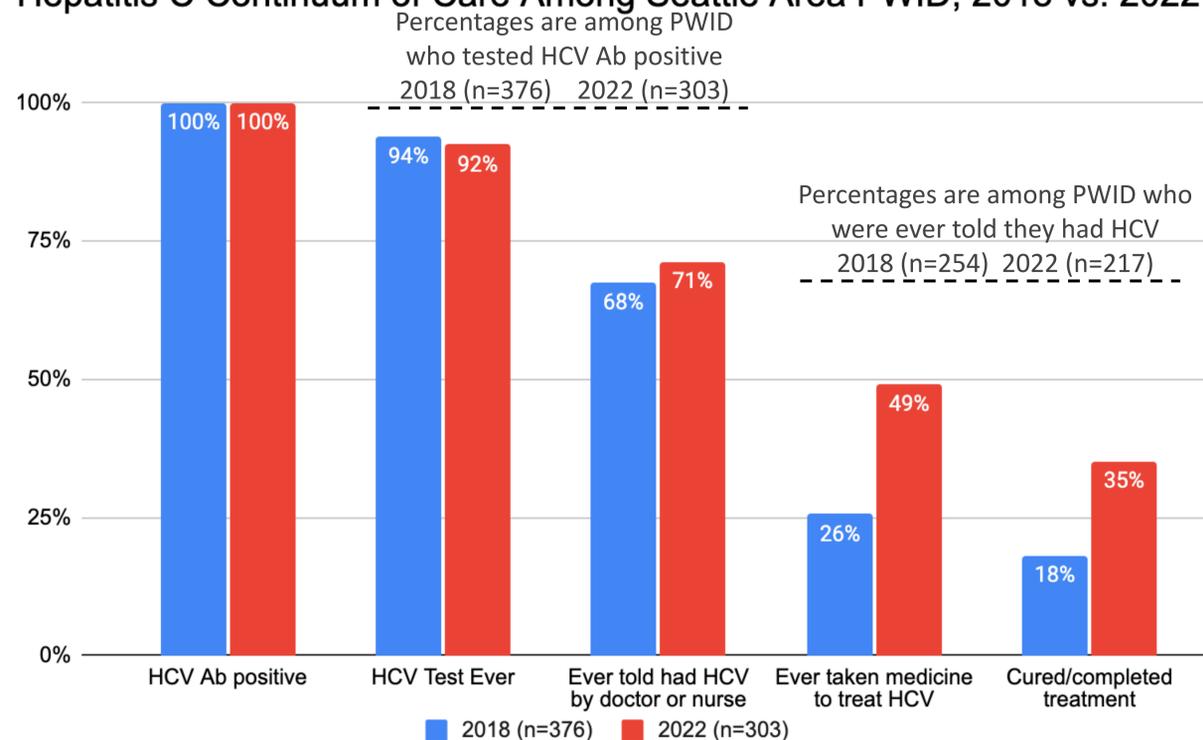


Figure 2. HCV care continuum graph