

HEPATITIS C CASCADE OF CARE AMONG PEOPLE WHO INJECT DRUGS IN VANCOUVER, CANADA

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Background: People who inject drugs (PWID) have high rates of Hepatitis C Virus (HCV) infection and account for the majority of new infections in developed nations. Treatment of PWID with chronic HCV has been highlighted as a key step in controlling the spread of HCV infection. However, little is known about the rates of diagnosis and treatment for HCV among PWID. Therefore, this study sought to characterize the cascade of HCV care among PWID in Vancouver, Canada.

Methods: Data were derived from three prospective cohort studies of PWID in Vancouver, Canada between December 2005 and May 2015. We identified the progression of participants through five steps in the cascade of care: (1) chronic HCV; (2) linkage to HCV care; (3) disease staging; (4) initiation of treatment; and (5) completion of treatment. Predictors of undergoing disease staging were identified using a multivariable extended Cox regression model.

Results: Among 1571 participants with chronic HCV, 1359 (86.5%) had ever been linked to care, 1257 (80.0%) had undergone disease staging, 163 (10.4%) had ever started HCV treatment, and 71 (4.5%) had ever completed treatment. In multivariable analyses, HIV seropositivity, use of methadone maintenance therapy, and hospitalization in the past 6 months were independently and positively associated with undergoing disease staging (all $P < 0.001$), while daily heroin injection was independently and negatively associated with undergoing disease staging ($P < 0.001$).

Conclusion: Among this cohort of PWID, while a large proportion had been linked to HCV care, few had been started on or completed treatment for HCV. Our findings highlight the importance of interventions targeting both physicians and patients to improve education surrounding the prescribing of HCV treatment for PWID with active substance use.

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