CHRONIC HEPATISTIS C PREVALENCE AMONG PEOPLE WHO INJECT DRUGS, 2013 TO 2022, ENGLAND, WALES, AND NORTHERN IRELAND IN 2022

Dugbazah B[1], Mitchell H[1], Clarke E[1], Dwyer H[1], Njoroge J[1], Gunther J[1], Hasan L[1], Ijaz S[1], Desai M[1]

1. UK Health Security Agency, London, UK

Background

Data on chronic hepatitis C (HCV) prevalence can be stratified by characteristics to identify where targeted action is needed to eliminate HCV as a public health threat.

Methods

Data were extracted from the 2022 Unlinked Anonymous Monitoring (UAM) survey of People Who Inject Drugs (PWID) in England, Wales, and Northern Ireland. Participants provided a blood sample and completed a questionnaire. Chronic HCV infection is identified by the presence of HCV ribonucleic acid (RNA) in addition to HCV antibodies.

Results

A decline in chronic HCV prevalence has been observed across most risk groups since 2018, coinciding with the scale-up of effective HCV treatment through community drug services from 2017. However, the prevalence of chronic HCV infection varies among these groups. In 2022, compared to the overall chronic HCV prevalence among PWID (12%), prevalence was higher among those who reported stimulant injection in the past year (17%), homelessness in the past year (14%), and injecting any drug in the past year (15%) (all $P < .005$).

A sharp increase in chronic HCV prevalence among recent initiates to injecting (up to 3 years prior) was noted in 2018, followed by a decline. However, the prevalence in this group in 2022 was comparable to that seen a decade ago. There is no evidence of a decline in chronic HCV prevalence among recent initiates, indicating ongoing challenges in preventing new and re-infections. Estimates for this group are less certain due to the small sample size.

Conclusion

The data suggest that targeted action is needed for specific risk groups, particularly those who report recent stimulant injection. As HCV treatment becomes more feasible with direct-acting antiviral (DAA) treatment, reinfection may become more common. Enhanced harm reduction, improved diagnostic testing, re-testing, and linkage to care among these groups will be crucial to preventing new and re-infections.

No conflicts of interest.