POOR AWARENESS OF HEPATITIS C VIRUS ANTIVIRAL EFFECTIVENESS AMONG PEOPLE WHO ACTIVELY INJECT DRUGS IN THE DIRECT-ACTING ANTIVIRAL ERA

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Background: Although people who inject drugs (PWID) are at greatest risk of hepatitis C virus (HCV) in many countries, treatment uptake in this population has historically been low. Highly effective direct acting antiviral (DAA) treatments for HCV now exist; however, the extent to which PWID are aware of these new therapies and their effectiveness is not known.

Methods: A national survey was used to capture cross-sectional, anonymous data on characteristics and treatment awareness among Scottish PWID attending injecting equipment provision sites from 2015-2016. Our aims were to assess awareness of: (i) existence of HCV antiviral treatment among treatment naive respondents and (ii) highly effective therapy (defined here as >80% effective) of all survey respondents.

Results: We identified 2,623 participants eligible for inclusion in our study. The majority of respondents (90%) were treatment naive, 79% of which were aware of HCV treatment. In adjusted analyses, those who had been tested for HCV were more likely to be aware of treatment than those who had not, and this differed by self-reported HCV status. (uninfected: aOR: 3.11, 95%CI 2.30-4.22; infected: aOR: 16.04, 95%CI 10.57 – 24.33). The minority of all individuals surveyed (17%) were aware that treatment for HCV is highly effective. In secondary adjusted analyses, awareness of highly effective therapy was significantly raised among those who had ever attended clinic (aOR: 9.76, 95%CI 5.13 – 18.60), been diagnosed but never attended clinic (aOR: 3.91, 95%CI 2.02 – 7.53), and been tested but were uninfected (aOR: 2.55, 95%CI 1.35 – 4.81) compared with those who had never received a test.

Conclusion: Awareness of highly effective HCV antiviral therapy is poor among PWID in Scotland, a country that has initially prioritised DAAs to those with advanced liver fibrosis. Increased efforts to raise awareness of new HCV therapies among high risk populations will be required as treatment is scaled-up in the future.