Prevalence of hepatitis C and injecting drug use among Aboriginal and Torres Strait Islander people in Australia: A systematic review and meta-analysis

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Background: Despite important progress in health and welfare of Aboriginal and Torres Strait Islander peoples (hereafter Aboriginal), they are disproportionately affected by HCV infection and injecting drug use. This systematic review assessed the prevalence of HCV and injecting drug use among Aboriginal people in Australia.

Methods: Bibliographic databases and grey literature were searched for studies, conducted after 2010, assessing prevalence of HCV or injecting drugs among Aboriginal people, or proportion of Aboriginal participants among people injecting drugs. Among repeated surveys, the most recent study was included. Meta-analysis was used to pool estimates.

Results: Forty-one studies were included. HCV antibody prevalence was 41% (95%CI 15-68) among Aboriginal people who were incarcerated [3 studies (k=3), 1,132 participants (n=1,132)], 77% (95%CI 74-80) among people who ever injected drugs (k=3, n=806), and 71% (95%CI 50-92) among people who recently (past month in most studies) injected drugs (k=4, n=1,059). HCV-RNA prevalence was 25% (95%CI 9-45) among people incarcerated (k=2, n=1,033), 30% (95%CI 22-37) among people ever injecting drugs (k=4, n=1,554), and 33% (95%CI 26-41) among people recently injecting drugs (k=5, n=1,326). Among people incarcerated, prevalence of ever and recent injecting drug use was 45% (95%CI 26-64; k=7, n=2,073), and 22% (95%CI 0-46; k=4, n=1,288), respectively. In a community-based study, prevalence of injecting drugs (past year) was 3% (95%CI 2-4). The proportion of Aboriginal participants among people who ever and recently injected drugs was 26% (95%CI 22-30; k=19, n=8,863), and 22% (95%CI 19-25; k=24, n=31,234), respectively. Among people ever injecting, proportion of Aboriginal participants was highest in studies in drug treatment services (31%, 95%CI 14-47), and prisons (31%, 95%CI 24-38).

Conclusion: High HCV prevalence among Aboriginal people and several-fold overrepresentation of Aboriginal people among those injecting drugs highlight major public health challenges. More effective strategies are required to provide equitable access to HCV and harm reduction services.

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