DECLINING HEPATITIS C PREVALENCE IN PEOPLE WHO INJECT DRUGS: SYNTHESISING MULTIPLE SOURCES OF SURVEILLANCE DATA

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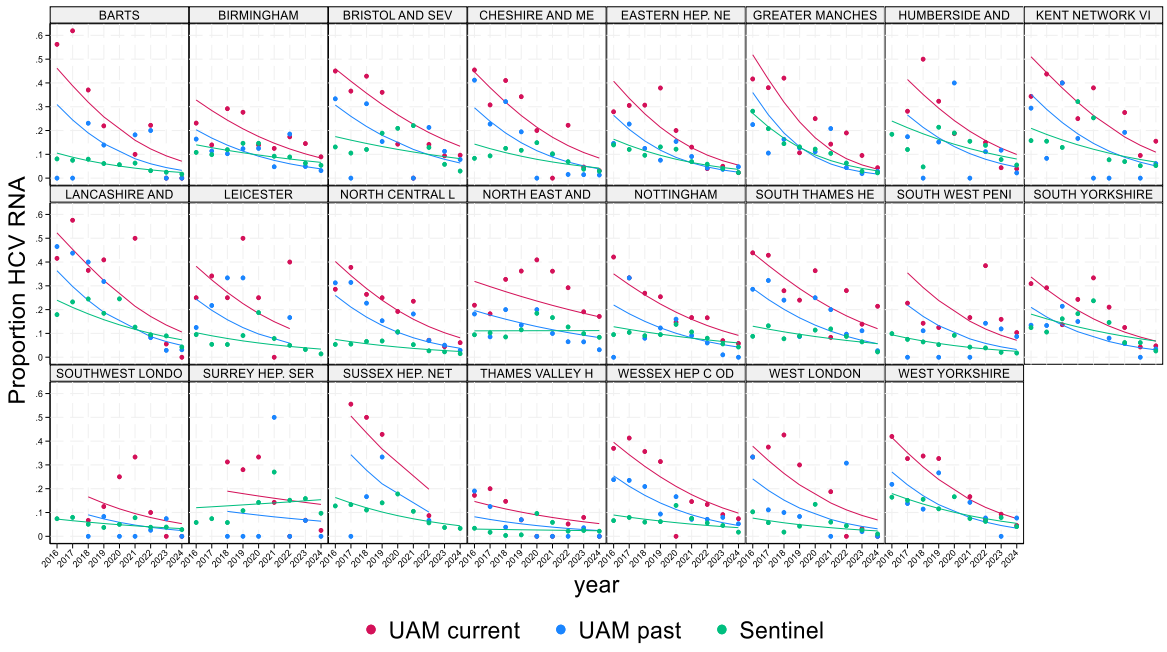
Background
Reducing hepatitis C (HCV) infections among those injecting opiates and/or crack cocaine is crucial to achieving elimination, but monitoring HCV prevalence in this population is challenging.

Methods
Data on chronic HCV (RNA and antibody-positive) seroprevalence from the Unlinked Anonymous Monitoring (UAM) survey of people who inject drugs in England was used, supplemented with Sentinel surveillance data on HCV RNA testing in community drug treatment services. Mixed-effects logistic regression was used to analyse the proportion of chronic HCV from 2016 to 2024 across 23 operational delivery network (ODN) areas, with fixed effects for trends, injecting status, Sentinel vs. UAM, and interaction terms; and random effects for baseline prevalence, datasets, and trend. Resulting estimates were combined with estimated opiate and/or crack cocaine use (OCU) prevalence in England, stratified by current and past injecting to obtain total numbers of infections.

Results
The odds of chronic HCV infection declined by 21.5% per year, 95% CI (18.7%-24.1%). Compared with those currently injecting in the UAM, odds of having chronic HCV in those previously injecting in the UAM were 46% less, and 78% less in Sentinel. There was strong evidence of baseline variability across 23 areas, and moderate variability in trends. Figure 1 shows observed and fitted HCV prevalence. The estimated number of people with chronic HCV declined from 41,737 in 2016 to 6,654 in 2024, an 84% reduction.

Figure 1: Observed and fitted trend of HCV prevalence among OCU for each data source in 23 ODN from 2016-2024 in England.



Conclusion

Our study demonstrates substantial declines in the number of people with injecting drug use risks who are infected with HCV. Sentinel data can strengthen sub-national estimates through common geographic patterns. Future work will use linked Sentinel and treatment data to better define the population at risk.

Disclosure of Interest Statement: None.