

HBV ACTIONS IN US HARM REDUCTION ORGANIZATIONS: PERSPECTIVES FROM THE FIELD

Authors:

Lam M¹, Jessop AB², Freeland C³

¹University of Pennsylvania, ²Prevention Point Philadelphia, ³Hepatitis B Foundation

Background:

Reports of hepatitis B virus (HBV) increased with the rise of opioid use and in 2020, 36% of new HBV infections in the U.S. occurred among people who inject drugs (PWID). Valid estimates of infection are limited as surveillance is typically passive. Passive surveillance requires healthcare professionals to order tests, phlebotomy services, clinical laboratory processing, and reporting to authorities. Many PWID have no care provider or insurance to defray testing costs. Harm reduction organizations (HROs) engage with PWID, and this study examines HBV-related interests and actions of a sample of U.S.-based HROs.

Methods:

We conducted semi-structured interviews with 20 leaders of HROs in the Northeast (8), South (4), Midwest (3), Southwest (1), and Northwest (4) regions of the U.S. using an interview guide developed through literature review and expert consultation. Researchers reviewed transcripts with an inductive thematic analysis. A codebook was developed (>80% agreement) and data were analyzed with NVivo software.

Results:

Few HROs reported HBV activities and consider HBV a priority, but HIV, hepatitis C, and overdose are primary concerns. Most staff lack sufficient knowledge to address HBV and participants cited the need for culturally appropriate educational materials. Very few offer HBV testing and some refer to external healthcare facilities or providers therefore HROs are unaware of true HBV prevalence. HBV prioritization at HROs is influenced by prioritization at public health departments. Point-of-care (POC) HBV tests would be utilized if available and affordable within this setting. Funding and legal issues limit HBV-related and all activities at the HROs

Conclusions:

Increased awareness and culturally appropriate education about HBV at HROs are essential to eliminate HBV-related morbidity and mortality. Access to rapid, POC tests could increase testing at HROs. Increased attention at health departments could influence HRO activities and could guide HBV services.