STRIVING TOWARD THE CURE FOR ALL: AN EQUITY ASSESSMENT OF A HEPATITIS C ELIMINATION PROGRAM

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Background

Reaching World Health Organization hepatitis C (HCV) elimination targets requires diagnosis and treatment of people who use drugs (PWUD) with direct acting antivirals (DAAs). Despite recent successes in treating this population, concerns about equitable access to HCV cure for minoritized racial communities, women, and houseless individuals persist. We performed an equity assessment of the hepatitis C care cascade in an urban elimination program to better understand factors related to disparities in access and HCV cure.

Methods

We implemented an integrated, multi-faceted, opt-out HCV screening and linkage-to-care program in two healthcare clinics for the houseless and a medically supported withdrawal centre. Multinomial logistic regression models identified characteristics influencing movement through each stage of the HCV treatment cascade. Multiple logistic regression models identified patient characteristics associated with HCV care cascade progression, including race/ethnicity, gender, substance use disorder (SUD) diagnosis, housing status, screening site, and screening methodology.

Results

Of 11,035 clients engaged in services between May 2017 and March 2020, 3,607 (33.3%) were screened; 1,020 (9.2%) were HCV PCR positive; 712 (6.5%) initiated treatment; 670 (6.1%) completed treatment; and 407 (3.7%) achieved intention to treat sustained virologic response at 12 weeks (SVR12). There were 8 treatment failures and 6 reinfections. All groups showed similar screening and DAA initiation rates, though people with SUD and houseless individuals were more likely to be screened than others. Women were less likely to complete treatment and follow up SVR 12 labs than men. Houselessness was negatively associated with completing SVR12 labs. Presence of opioid and stimulant use disorder diagnoses predicted increased progression across the care cascade.

Conclusions

Our screening and referral pathways demonstrated enhanced engagement for people with SUD and houselessness and equitable access for women and minoritized racial groups. However, challenges remain in retention through SVR12 for women and houseless individuals.

Disclosure of Interest Statement: