LIMITED HEPATITIS C TREATMENT AND BARRIERS FOR INJECTION DRUGUSERS IN CHINESE METHADONE TREATMENT CLINICS: COMPREHENSIVE HEPATITI C CARE IS NEEDED

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Background:
Hepatitis C virus (HCV) prevalence among persons who injected drugs (PWID) in Chinese methadone maintenance treatment (MMT) clinics was high. WHO recommends PWID should be priority treated in resource-limited countries and 80% diagnosed HCV cases should be started on treatment by 2030. But few data on the treatment status and barriers among HCV-infected PWID in Chinese MMT clinics. Directly observed treatment service (DOTs) and the oral direct antiviral agents (DAAs) offer the opportunity to work towards the WHO targets. Thus, exploring willingness and barriers for using these services among this population are also essential.

Methods:
A cross-sectional survey was conducted in 17 MMT clinics in 9 cities in Guangdong Province, China. All eligible HCV-antibody positive PWID were included based on the test records in MMT clinics. If patients acknowledged they were or ever being infected, current HCV treatment status, willingness for using DOTs and DAAs, and related reasons were further collected and analyzed using descriptive statistical analysis.

Results:
Of 550 HCV-antibody positive PWID clients only 307 (55.8%) acknowledged they were infected or ever infected. Of these, 39.4% (121/307) initiated treatment but with a large proportion of interruption (38.0%, 46/121), and 73.1% (223/307) and 53.1% (163/307) were willing to use DOTs and DAAs, respectively. Unaffordable medical costs, seemingly quite mild symptoms, patients did not know where to get treated or treatments sites were far from the MMT clinics, concerns and distrust of current HCV therapy were the major barriers to initiate or complete treatment. Patients had no willingness to use DOTs and DAAs mainly for unaffordable medical costs and seemingly quite mild symptoms.

Conclusions:
Uptake of HCV treatment was limited for PWID in Chinese MMT clinics, patients had high rate of willingness to use DOTs and DAAs, suggesting comprehensive HCV care should be integrated into Chinese MMT clinics.

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