

HEPATITIS C TESTING AND ACCESS TO CARE AMONG PEOPLE WHO INJECT PSYCHOACTIVE DRUGS IN ENGLAND, WALES AND NORTHERN IRELAND: INSIGHTS FROM 2017 NATIONAL SURVEY DATA.

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Background: People who inject drugs (PWID) are the largest risk group for Hepatitis C (HCV) in the UK. Early diagnosis, referral to and completion of antiviral treatment are important to reduce morbidity and transmission.

Methods: Data and virological results from the 2017 unlinked-anonymous bio-behavioural survey of PWID in England, Wales and Northern Ireland were analysed. Factors associated with uptake or missed opportunities for HCV testing and access to care were examined for those currently infected with HCV.

Results: Of 1,735 participants who had injected during the preceding year, 56% were HCV antibody positive and of these, half (51%) had a current infection (HCV RNA positive). Among these, 91% (427/468) reported ever being tested, of whom 55% (201/366) were aware of their current infection. Most of those diagnosed (77%;141/182) reported seeing a hepatitis clinician; however only 26% (37/141) of these reported HCV treatment uptake. Denominators exclude non-responses to survey questions.

Among PWID unaware of their current HCV infection, 41% (67/165) reported a recent HCV test (≤ 2 years ago), 58% >2 years ago (95/165) and 2% (3/165) reported never testing. Most of those not tested recently reported attendance at a GP (74%) or needle and syringe programme (88%) within the last year, and 80% reported currently being prescribed a substitution drug.

Conclusion: Although lifelong HCV testing among those currently infected with HCV was high, three-fifths had not tested recently. Half of those with current HCV infection remained undiagnosed. Health service utilization was high, suggesting missed/further opportunities for testing. Most of those aware of their current infection had accessed specialist HCV healthcare, however only one quarter engaged in treatment. Targeted interventions to improve frequency and uptake of HCV testing and strengthen the care pathway are essential to reach the WHO target of elimination by 2030.

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