

GENDER-RELATED DIFFERENCES IN TREATMENT FOR HEPATITIS C VIRUS BETWEEN MEN AND WOMEN WHO INJECT DRUGS: THE ETHOS ENGAGE STUDY

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Background:

Evaluating gender-specific trends in hepatitis C virus (HCV) treatment uptake among men and women who inject drugs crucial for achieving gender-equitable progress towards HCV elimination. This study aimed to quantify the difference in treatment uptake between men and women who inject drugs and to evaluate the factors associated with HCV treatment among women who inject drugs, specifically, as they face additional barriers to care compared to men.

Method:

ETHOS Engage is an observational cohort study of people who inject drugs attending drug treatment clinics and needle and syringe programs in Australia. Participants completed a questionnaire including self-reported gender and HCV treatment history. We evaluated HCV treatment, self-reported during recruitment wave 1 (May 2018-September 2019) and wave 2 (November 2019-April 2021). Logistic regression was used to compare HCV treatment between men and women and to identify factors associated with HCV treatment among women.

Results:

Among 2,395 participants enrolled in ETHOS Engage, 66% (n=1,591) men, 33% (n=786) women, and <1% (n=18) who identified as neither a man nor woman. Among those with evidence of previous or current HCV infection, women were less likely to report a history of HCV treatment compared to men (227/352, 64% vs. 631/890, 71%; adjusted odds ratio [aOR]: 0.74, 95% confidence interval [CI]: 0.56, 0.99). Among women, treatment was higher among those ≥ 45 years (aOR: 2.12, 95%CI: 1.30, 3.46), those currently receiving opioid agonist treatment (vs. never, aOR: 2.38, 95%CI: 1.03, 5.49) and those recruited in wave 2 (aOR: 1.99, 95%CI: 1.18, 3.35).

Conclusion:

Overall, women were less likely to report HCV treatment compared to men. Among women, HCV treatment was more likely in the second wave of recruitment; however, gender-disparities persist. Women who have never received opioid agonist treatment, and women of childbearing age (<45) remain priority populations for engagement with HCV care.

