LOW LEVELS OF HCV KNOWLEDGE IN KEY POPULATIONS: A BARRIER TO HCV ELIMINATION

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Background: A major barrier to the achievement of Hepatitis C virus (HCV) elimination is the consistent incidence of new infections, particularly among people who inject/use drugs. In addition to issues of inadequate diagnosis and linkage to care, this may relate to imperfect knowledge about risk behaviours leading to infection. To assess this, we conducted a knowledge evaluation program among individuals from an inner-city population with high rates of ongoing injection drug use and HCV infection.

Methods: This study was conducted within the context of a weekly HCV outreach testing and linkage to care program held at community centres in Vancouver. Within a broader demographic questionnaire, we specifically interrogated HCV transmission risk behavior, curability, willingness to receive treatment, and perceived barriers to treatment initiation.

Results: Between 04/17-04/18, 668 individuals completed the questionnaire: mean age 48 years, 27% female, 52% Caucasian, 27% Indigenous, 43% unstably housed/homeless, 61% reported ongoing/recent drug use, 27% HCV+. 21%/60%/19% identified all/some/no HCV transmission risk behaviours correctly, respectively. Only 60% were aware of a cure for HCV, however 87% reported willingness to receive treatment if needed. The most frequent barriers to care were perceived lack of access to treatment, perceived high cost of treatment, and fear of side effects, each being identified by 18-20% of individuals. Correlates of incorrect knowledge about transmission and curability included lower levels of educational attainment and self reported Indigenous ethnicity.

Conclusion: Among key populations, education campaigns to reduce high risk behaviors may have an impact on HCV transmission. Additional measures to improve knowledge about the curability of HCV and to publicize the universal access to safe, effective HCV treatment at no cost to the patient (such as is the case in our setting) may help support efforts focused on engagement in care, particularly in sub-groups we have identified as lacking such knowledge.

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