

HEPATITIS C TESTING AND TREATMENT AMONG PEOPLE WHO INJECT DRUGS IN TORONTO, CANADA

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Background:

An estimated 66% of people who inject drugs (PWID) in Canada have past or current hepatitis C virus (HCV) infection. Despite the availability of publicly funded direct-acting antiviral treatment in Ontario, HCV treatment gaps persist among PWID due to barriers to care. We measured HCV care cascade engagement and examined correlates of treatment uptake among PWID in Toronto, Ontario.

Methods:

Between November 2018 and March 2020, 701 adult PWID were surveyed in Toronto as part of a supervised consumption site (SCS) evaluation, with self-reported data collected on behaviours related to drug use, SCS, and HCV care cascade engagement (testing, diagnosis and treatment). Among PWID with chronic HCV, univariate modified Poisson models were used to identify correlates of treatment uptake.

Results:

Overall, 647 PWID (92%) reported lifetime HCV testing, of whom 336 (52%) had been diagnosed with HCV. Among those diagnosed with HCV (mean age: 44 years, SD: 10.7), 62% had daily/near-daily injection drug use [IDU] and 32% reported using SCS for $\geq 75\%$ of injections. 280 individuals (83%) reported chronic HCV (ever HCV-RNA positive) of whom 130 (46%) reported HCV treatment whereas 150 (54%) remained untreated. HCV treatment was more likely among older individuals (prevalence ratio [PR] per 10-year increase=1.17, 95%CI=1.04-1.31) and those who had ever injected at an SCS co-located with full-time community-based HCV treatment and support (PR=1.47, 95%CI=1.14-1.83). HCV treatment was less likely among individuals who reported daily/near-daily IDU (PR=0.64, 95%CI=0.50-0.82) relative to less frequent IDU.

Conclusion:

Despite high levels of access to HCV testing, over half of PWID with chronic HCV in Toronto report remaining untreated, with the greatest treatment gaps experienced by those who report frequent IDU. We found that community-based HCV treatment programs at SCS are successful in reaching this population, suggesting that integrated SCS models represent key modalities to link PWID to clinical care.

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