

HIGH PROPORTION OF UNDIAGNOSED HEPATITIS C VIRUS (HCV) INFECTION AMONG PERSONS WHO INJECT DRUGS: A COMMUNITY-BASED SAFETY-NET HOSPITAL EXPERIENCE

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Background:

Despite the high risk and prevalence of hepatitis C virus (HCV) infection among persons who inject drugs (PWID), many remain undiagnosed and unaware due to sub-optimal screening and treatment of HCV.

Methods:

Consecutive adults undergoing outpatient endoscopy from July 2015 to February 2018 at an urban safety-net hospital were prospectively assessed for HCV screening eligibility using U.S. Preventive Services Task Force guidelines. Among eligible patients, rates of prior HCV screening and HCV antibody positive (Ab+) prevalence were compared between PWID and persons who do not inject drugs (non-PWID). HCV testing was offered to eligible patients who were not previously screened. Patients were prospectively followed to analyze test completion outcomes. Between-group comparisons used chi-squared testing with $p < 0.05$ indicating statistical significance.

Results:

Among 1,623 eligible patients evaluated, 4.37% reported previous or current injection drug use (mean age 58.5 ± 9.42 years, 60.6% male, 42.3% Black/African American, 28.2% non-Hispanic White, 19.7% Hispanic, 73.2% U.S.-born, 77.5% were 1945-1965 birth cohort, 53.5% previously incarcerated, 12.7% received a blood transfusion pre-1992). Among patients eligible for HCV screening, 6.9% had known HCV infection, of which 33.0% were unaware of their HCV status. Prior screening rates did not differ significantly but were higher among PWID compared to non-PWID (57.8% vs. 48.5%, $p = 0.126$). Among those previously screened, HCV Ab+ prevalence was significantly higher among PWID (58.5% vs. 11.7%, $p < 0.001$). Among those offered HCV testing, test acceptance rates (93.3% vs. 88.0%, $p = 0.373$) and test completion rates (67.9% vs. 63.1%, $p = 0.607$) were similar however, PWID had significantly higher prevalence of HCV Ab+ compared to non-PWID (36.8% vs. 1.14%, $p < 0.001$). All HCV Ab+ patients were successfully linked to care.

Conclusion:

In this study, nearly 40% of PWID were newly diagnosed HCV Ab+. More targeted efforts are needed to screen these high-risk vulnerable populations, and ensure successful linkage to care for those with confirmed chronic HCV.

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