

TEMPORAL TRENDS IN ACCESS TO HEPATITIS C VIRUS (HCV) PREVENTION AND CARE AMONG HIV-HCV COINFECTED PEOPLE WHO INJECT DRUGS IN CANADA

Charlotte Lanièce Delaunay, Mathieu Maheu-Giroux, Gayatri Marathe, Sahar Saeed, Curtis Cooper, Sharon Walmsley, Joseph Cox, Mark Hull, Valérie Martel-Laferrrière, Neora Pick, Marie-Louise Vachon, and Marina B. Klein



McGill

School of
Population and
Global Health



CANADIAN CO-INFECTION COHORT
A PROSPECTIVE CLINICAL COHORT OF HIV AND HEPATITIS C CO-INFECTED PATIENTS

INTRODUCTION & METHODS

Research questions: Among HIV-HCV coinfecting people who inject drugs (PWID), in 4 Canadian provinces, from 2003 to 2019:

- Have HCV treatment uptake and efficacy increased with the licensing of second-generation direct acting antivirals (DAAs)?
- How has injecting drug use evolved?
- Are there gaps in access to harm reduction programs that could be addressed?

Methods:

- **Data source:** *Canadian Coinfection Cohort* (N>2,000 coinfecting participants; ongoing since 2003).
- **3 time periods** based on HCV treatment guidelines: 2003-2010 (interferon/ribavirin-based); 2011-2013 (1st generation DAAs); 2014-2019 (2nd generation DAAs).
- **Outcomes:** HCV treatment initiation rate and efficacy; frequency of injection of different drugs; frequency of needle/syringe sharing; frequency of access to harm reduction programs – needle and syringe programs (NSP), supervised injection sites (SIS), opioid agonist therapy (OAT, among opioid injectors).

RESULTS

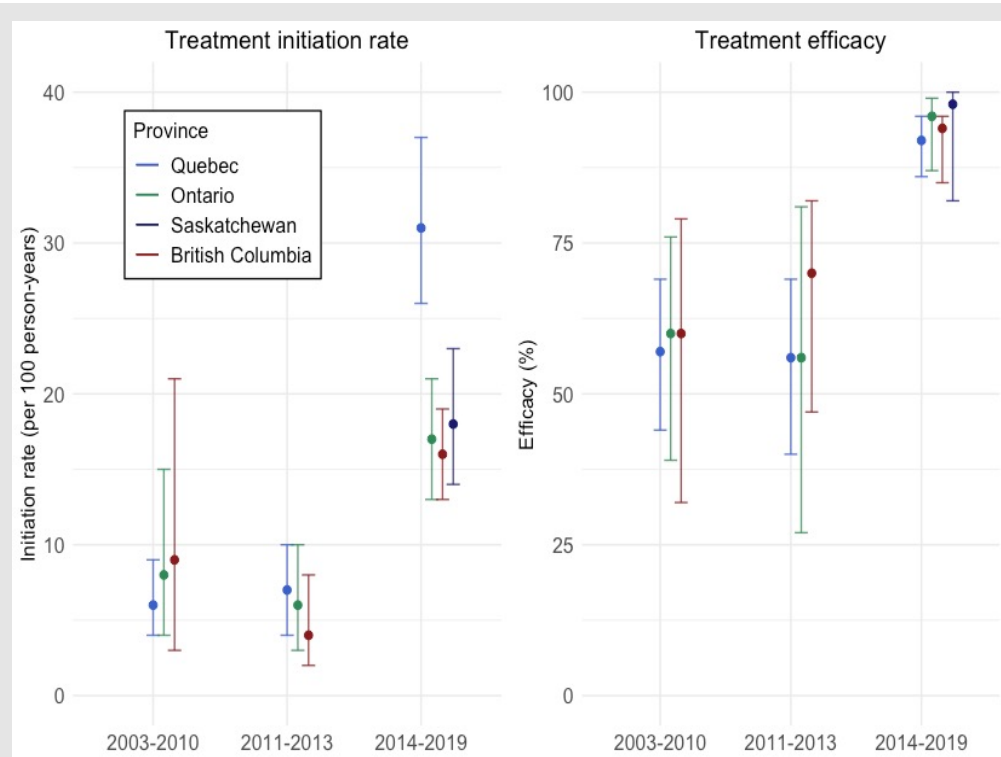


Fig 1. HCV treatment initiation rate and efficacy among HCV RNA+ PWID (2003-2019).

Substantial increases in treatment uptake and efficacy in the 2nd generation DAA era.

Note: recruitment started in 2014 in Saskatchewan.

- ***Reduced frequency of cocaine injection.***
- ***High frequency of opioid injection.***
- ***Increased frequency of methamphetamines injection.***

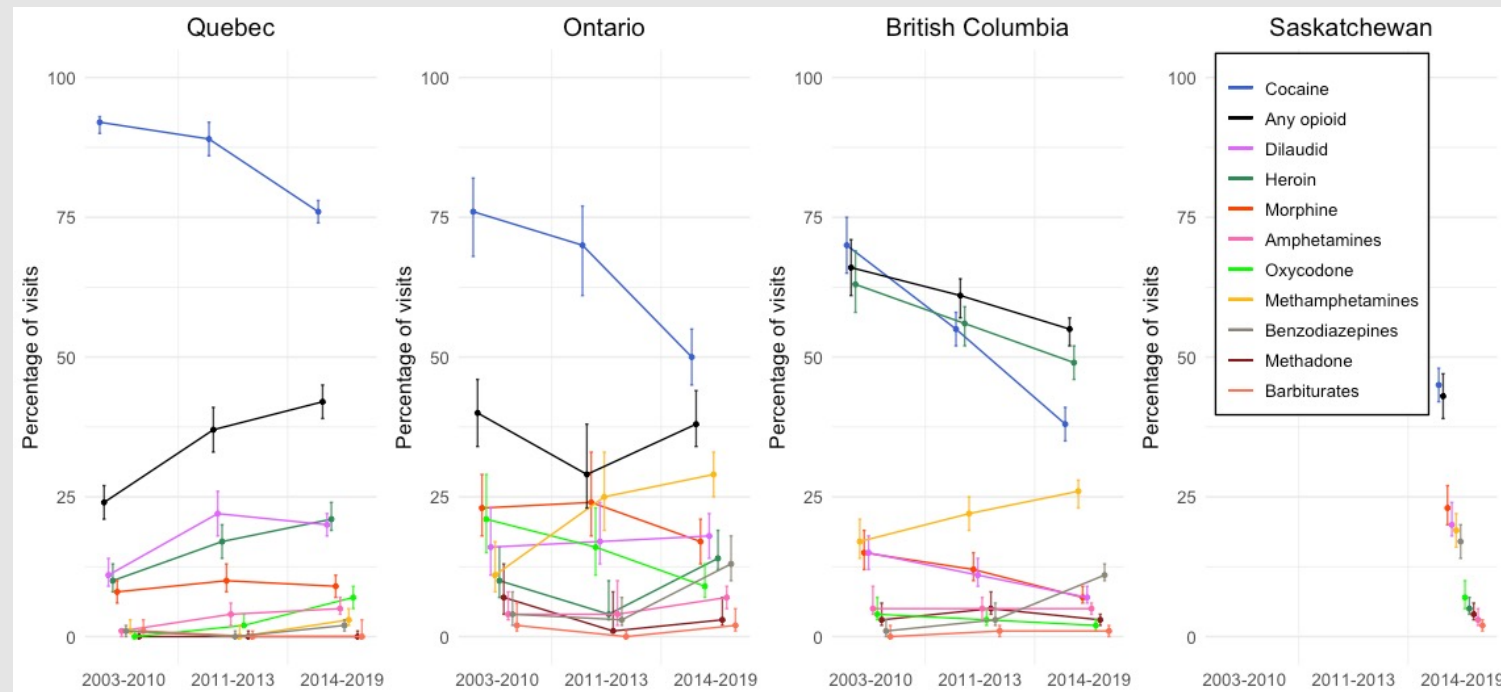


Fig 2. Frequency of drug-specific injections in the past 6 months among active PWID (2003-2019).

RESULTS

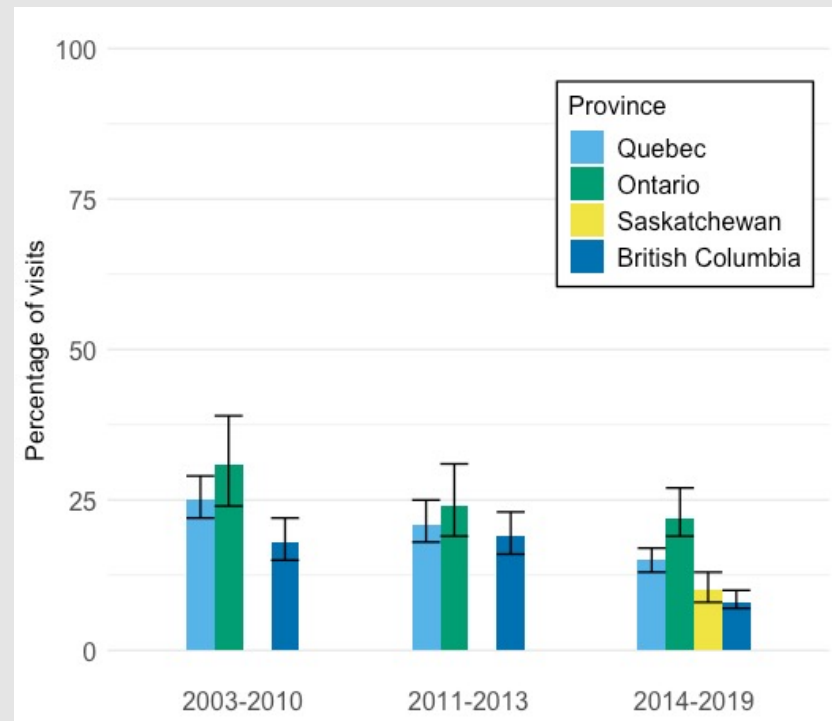


Fig 3. Frequency of needle/syringe sharing in the past 6 months among active PWID (2003-2019).

Needle/syringe sharing remained frequent.

- ***Access to NSP decreased, and access to SIS was rare.***
- ***OAT engagement was relatively low and stable.***

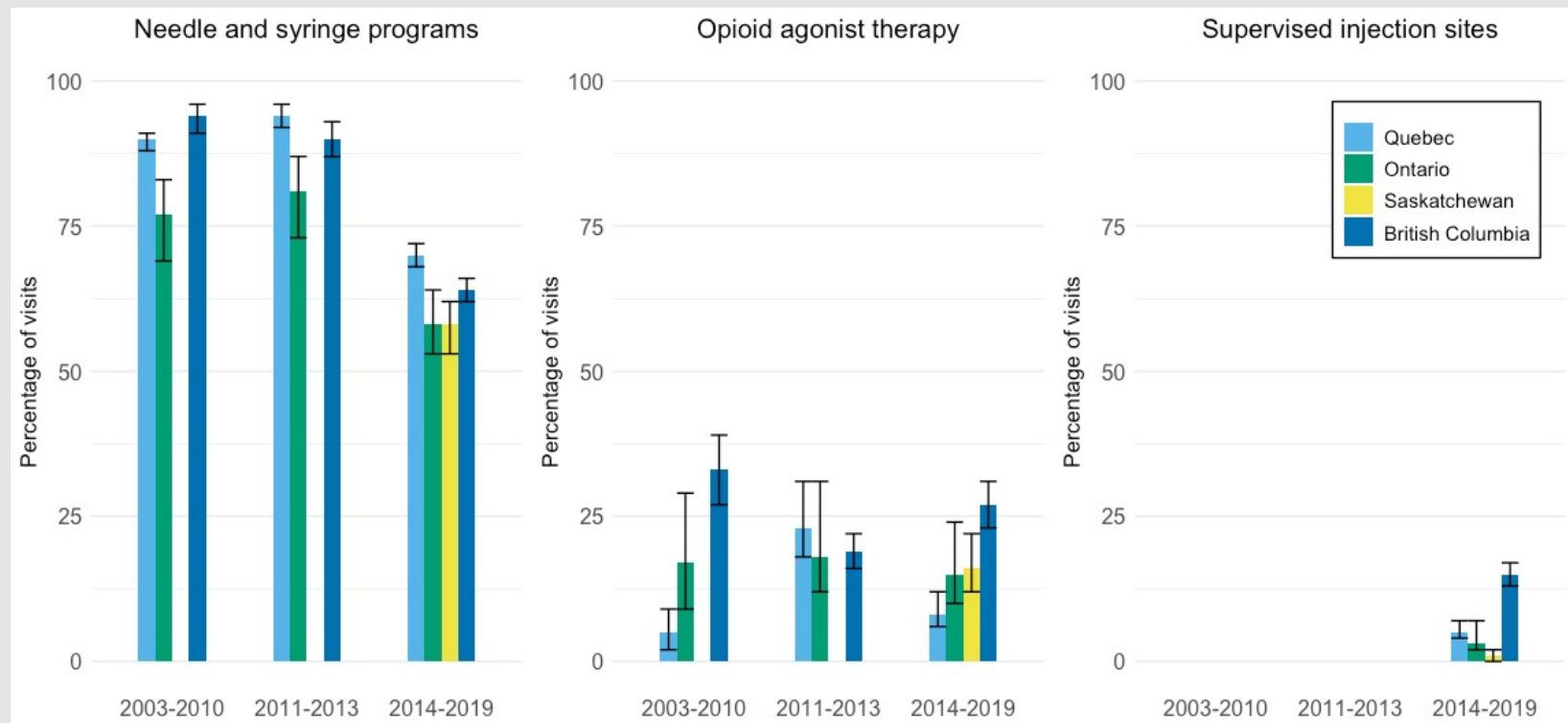


Fig 4. Frequency of access to harm reduction programs in the past 6 months among active PWID (2003-2019).

Note: recruitment started in 2014 in Saskatchewan, and so did the collection of data on access to supervised injection sites.

CONCLUSIONS AND ACKNOWLEDGEMENTS

- HCV treatment uptake has increased among coinfecting PWID, with high efficacy.
- Needle/syringe sharing is frequently reported.
- Important gaps remain in access to harm reduction programs, with province-level disparities.
- Local drug-injecting patterns should inform the design and implementation of these programs.
- Coinfecting PWID are highly exposed to opioid-related risks.
 - Need to maximize access to proven harm reduction strategies to prevent transmission of blood-borne infections, HCV reinfection, and overdose.

We thank the participants, coinvestigators, and funders of the *Canadian Coinfection Cohort*.