



Homelessness, Injection Drug Use Tied to Lower Hepatitis C Cure Rate

This finding is from a program that sought to provide blanket treatment to Iceland's hep C population.

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A program to broadly treat hepatitis C virus (HCV) in Iceland found that homelessness and injecting drugs were each tied to poorer outcomes.

Presenting their findings at the 53rd International Liver Congress in Vienna, researchers analyzed data from the TraP HepC program in Iceland, which was begun in January 2016 and over its first two years provided direct-acting antiviral (DAA) treatment to 631 people, an estimated 80 percent of the people living with HCV in Iceland.

A total of 210 (33 percent) of the cohort reported recently injecting drugs, defined as having done so within six months of starting treatment. More than half of this group had injected drugs within 30 days. Forty cohort members (6.3 percent) were homeless.

Overall, 89.2 percent of the cohort members achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure). The cure rate among those who reported injection drug use within the previous six months was 82.9 percent, compared with 92.4 percent among the remaining cohort members. A total of 15.2 percent of recent users of injection drugs discontinued DAA treatment compared with just 4.5 percent of the other cohort members. Among those individuals who did complete treatment, the cure rate was 89.9 percent among those who recently injected drugs compared with 95.3 percent of the other cohort members.

Homelessness was associated with a 2.42-fold greater likelihood of not being cured after receiving DAA treatment.

To read a press release about the study, [click here](#).
