More People Who Inject Drugs Are Being Treated for Hepatitis C

Based on surveys conducted in 2015 and 2018, the number appears to have nearly tripled in San Francisco.

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From 2015 to 2018, the proportion of people who inject drugs who have received treatment for hepatitis C has almost tripled in San Francisco, according to results published in PLOS ONE.

Because 80% of hepatitis C transmissions occur among people who inject drugs, this group faces a greater risk of contracting the virus and—if left untreated—developing complications, such as cirrhosis and liver cancer.

Two thirds of the approximately 22,000 individuals who tested positive for antibodies to hepatitis C virus (HCV) in San Francisco in 2016 were people who inject drugs. Of these, only 23% had received antiviral therapy. In order to better implement efforts to eliminate hepatitis C by 2030—a goal set by the United States and the World Health Organization—data on whether people who inject drugs are plugged into care is needed.

Ali Mirzazadeh, PhD, MD, MPH, of the University of California, San Francisco, and colleagues examined data from the 2018 National HIV Behavioral Surveillance (NHBS) surveys of people who inject drugs in San Francisco. They compared this information with data from the 2015 NHBS survey to assess any changes. Participants were asked whether they had been tested for hepatitis, what the results were and whether they had received treatment. They also had blood drawn to test for HCV and HIV.

A total of 456 people who inject drugs responded to the survey in 2018. Most were older than 40 (60%), white (46%), male (68%), unemployed (45%) and currently unhoused (77%); 9% were living with HIV. However, 88% said they had a regular source of health care, and 94% had some type of health insurance. Most said they injected more than once a week (90%) and used needle exchange services (91%).

Of these, 88% reported ever having been tested for hepatitis C. Sixty-three percent tested positive for HCV antibodies (indicating they had ever had the virus), and 50% were diagnosed with current active infection. Of those diagnosed, 42% received antiviral therapy, and 81% of those treated achieved a sustained virological response (SVR)—an undetectable viral load 12 weeks after

completing therapy—which is considered a cure.

Comparing data from the 2015 and 2018 surveys, the researchers found that similar proportions of people were tested and received an HCV diagnosis. But only 19% received treatment in 2015, compared with 42% in 2018.

After adjusting for other factors, people without health insurance and those with no regular source of health care were significantly less likely to receive treatment for hepatitis C in 2018. In 2015, people who identified as transgender were also less likely to be treated, but this was no longer the case in 2018, when all the transgender individuals who completed the 2018 survey had been treated for hepatitis C. While unhoused individuals were more likely to have received treatment in 2018 than in 2015, nearly 70% still remained untreated.

“While findings indicate an improvement in HCV treatment uptake among PWID [people who inject drugs] in San Francisco, more than half of PWID diagnosed with HCV infection had not received HCV treatment in 2018,” the study authors concluded.

More than 1,400 people who inject drugs would need to be treated annually in order to eliminate hepatitis C by 2030 in San Francisco, the researchers estimated. “Policies and interventions to increase coverage are necessary, particularly among PWID who are uninsured and outside of regular care,” they wrote.

Click here to read the study in PLOS ONE.

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