Hepatitis C and injection drug use: Testing and linkage to care

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Background: The recent outbreak of HIV infection in Indiana linked to injection drug use demonstrates the importance of timely HIV and Hepatitis C surveillance and rapid response to interrupt disease transmission. An estimated 2.7 – 3.9 million Americans have chronic hepatitis C virus (HCV) infection. Of those, 50 – 70% are unaware of their infection. People who inject drugs account for more than half of new HCV cases. Within 5 years of beginning injection drug use, 50 – 80% of injection drug users (IDUs) become infected with HCV. Since 2007, HCV-related deaths have surpassed HIV-related deaths. CDC reported 19,368 death certificates listing HCV as a cause of death in 2013, adding that this figure represents a fraction of deaths attributable to HCV.

Method: Imagine Hope, supported by a grant from a pharmaceutical company, initiated HCV rapid testing in April 2015. The Georgia-wide project includes 10 agencies serving substance-using populations, including 4 methadone clinics. The project offers free, routine HCV testing and linkage to care.

Results: Over the first 12 months of testing, 3,226 clients received HCV antibody testing. Of those, 344 (10.7%) were HCV antibody positive (Ab+), with 186 completing confirmatory RNA testing. Confirmatory tests yielded 132 (71%) RNA positive cases; 56 (42.4%) of these were linked to care. Five clients have achieved sustained viral load suppression which is considered a cure for hepatitis C. Numerous others have begun direct acting antiviral regimens.

Conclusion: HCV testing in substance abuse facilities is feasible. Among substance users, HCV prevalence is high and awareness of infection risk is low. Linkage to care is enhanced by the use of a navigator. RNA screening prior to the 1st medical appointment expedites linkage to care; RNA positive clients are more motivated to keep appointments and RNA negative clients do not clog an already burdened system of care for the uninsured.

doi: 10.21633/jgpha.6.020

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