

Title: HEPATITIS C TREATMENT CARE CONTINUUM IN PEOPLE WHO INJECT DRUGS

Authors: Elizabeth Golding¹, Sophia Goldin¹, Theodore Yoder¹, Kevin Kamis, MPH², Sarah Rowan, MD³

¹School of Medicine, University of Colorado, Aurora, Colorado, USA.

²Public Health Institute at Denver Health, Division of HIV/STI/Viral Hepatitis, Denver, Colorado, USA.

³Division of Infectious Diseases, Department of Medicine, University of Colorado, Aurora, Colorado, USA.

Objectives: This study looks to characterize Hepatitis C Virus (HCV) treatment uptake and completion among PWID in a safety-net healthcare system in a large city.

Patients and methods: We conducted a retrospective analysis to identify individuals with documentation of detectable HCV RNA between 11/01/2021 to 10/31/2022 and evidence of possible or definite injection drug use (IDU) who accessed care within our integrated healthcare system. We then reviewed medical records of individuals with HCV and IDU to document their demographic features and progression through the HCV care continuum through 10/31/2023. We compared sociodemographic characteristics at different stages of the care continuum to assess for factors associated with completion of each stage.

Results: 1165 individuals had detectable HCV RNA results in our medical system during the study period. Of those, 149 individuals had evidence of definite (n=118, 80.3 %) or possible (n=29, 19%) IDU. 34.2% (n=51) of the study population met with a HCV treatment provider, 26.8% (n=40) started treatment, 25.5% (n=38) completed treatment, and 18.1% (n=28) had evidence of sustained virologic response 12 weeks after the treatment (SVR12). Proportions of individuals linked to care did not differ significantly by gender, housing status, IDU status (definite vs. possible), or race/ethnicity.

Conclusions: Only 26.8% of the 149 individuals with IDU and HCV started HCV treatment. The largest barrier in achieving cure was linking to care, defined as meeting with an HCV treatment provider after a positive HCV RNA test. Almost three quarters (74.5%) of those who met with a treatment provider completed treatment. Treatment rates did not differ significantly by housing status, gender, or age.