



# Hepatitis C Prevention

Daniel Raymond

Policy Director

Harm Reduction Coalition



## Challenges in preventing HCV among injection drug users (IDUs)

- n HCV is more infectious than HIV**
- n HCV is more prevalent among IDUs**
- n Greater transmission risk linked to sharing drugs & paraphernalia (e.g. cookers, cotton)**
- n Weaker cultural norms around HCV prevention**
- n Lack of vaccine, behavioral interventions**



# Reasons for pessimism

- n Annual incidence among IDUs ranges from 10% to >40%
- n Even countries that have successfully contained HIV epidemics among IDUs have not controlled HCV transmission
- n Observed spikes in incidence rates despite established harm reduction in London, Australia



# Reasons for (cautious) optimism

- n Epidemiologic data suggests declining HCV prevalence among IDUs in U.S.
- n Wider “window of opportunity” for preventing HCV among new/young IDUs: Median 3.4 years from initiating injecting to HCV seroconversion
- n Foundation of progress in structural, cultural, behavioral changes reducing HIV risk



# Key questions

- n Syringe access
- n HCV antibody testing
- n Risk reduction education and counseling
- n Treatment of acute & chronic infection



# Syringe access

- n Correlated with lower/declining HCV prevalence at population level
- n No clear evidence of protection against transmission at individual level
- n Developing body of research examining necessary coverage levels
- n Benefits of syringe exchange in U.S. hampered by federal funding ban, legal/political constraints



# HCV antibody testing

- n Knowledge of negative HCV antibody status *may* promote risk reduction
- n Knowledge of positive HCV antibody status has no demonstrated effect on risk practices
- n Indications of HIV status-informed norms & approaches to risk management & “strategic” sharing do not extend to HCV



# Challenges in HCV testing

- n Making test results clear and meaningful
- n Linking people receiving positive HCV antibody test results to HCV RNA testing to diagnose chronic vs. cleared infection
- n Preparing for introduction of rapid oral HCV antibody test
- n Understanding disclosure norms & strategies among IDU networks



## Risk reduction education and counseling

- n Substantial literature documenting interventions that significantly reduce injection-related risks
- n Lack of clarity on what degree of reduction of which injection-related risks is necessary for effective HCV prevention
- n DUIT: greater decline in risk vs. control, but no difference in HCV incidence



# Treatment of acute & chronic infections

- n IDUs can achieve comparable SVR rates
- n New HCV treatments (e.g. protease inhibitors) may shorten treatment and increase efficacy
- n Early detection and treatment of acute infection yields very high SVR rates and may interrupt chains of transmission during periods of high infectiousness
- n Reinfection after SVR has been documented among some treated IDUs



# Lessons

- n Syringe access, knowledge of HCV status, and current levels of risk reduction are necessary but not sufficient: expand and intensify
- n Treatment will most likely have an indirect effect on HCV prevention by increasing IDU attention to risk and status rather than reducing the pool of HCV-infected IDUs



# Future directions

- n Develop messages, norms, and interventions to address contextual risks (environmental, social network) and individualized prevention strategies
- n Craft social marketing and community mobilization campaigns to establish HCV as a priority for IDUs
- n Support research on new interventions powered to demonstrate changes in incidence



# Recommendations

- n Expand syringe access by removing legal barriers to syringe exchange & pharmacy sale and restrictions on federal funding
- n Intensify research into new prevention interventions
- n Improve HCV testing through strengthening counseling messages, linking antibody testing to RNA testing



# Additional priorities for IDUs

- n Develop strategies for early detection and treatment of acute infection among young & new injectors
- n Increase the capacity to manage and treat HCV among current and former injectors and reduce barriers to care



# Additional HCV prevention considerations

Other groups and settings warranting special concern include:

- n Transmission via non-injection drug use (smoking, sniffing/snorting)
- n Transmission in jails and prisons
- n Sexual transmission among HIV+ MSM