Easier Access to Hepatitis C Care Leads to Better Outcomes for People Who Inject Drugs

Cure rate was three times as high for people who received treatment through a syringe service program.

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Linking hepatitis C care to syringe services leads to greater access and better outcomes for people who inject drugs compared with standard care, according to study results published in JAMA Internal Medicine.

Shared injection equipment is a major hepatitis C virus (HCV) transmission route, and people who inject drugs face numerous barriers to healthcare. While some harm reduction and addiction treatment programs include HCV testing, linkage to care and treatment can be suboptimal.

“The results of this randomized clinical trial suggest that the accessible care model provides a framework for developing treatment programs geared toward engaging, treating and curing HCV infection in people who inject drugs,” Benjamin Eckhardt, MD, of the New York University School of Medicine, and colleagues wrote.

The researchers conducted a study (NCT03214679) to determine whether a low-threshold accessible care model that provides hepatitis C treatment at the same location as a syringe service program works better than facilitated referral to off-site clinicians through a patient navigator. The primary endpoint was sustained virological responses (SVR), or an undetectable HCV viral load 12 weeks after completing direct-acting antiviral treatment, which is considered a cure.

At the Lower East Side Harm Reduction Center, a syringe service program in New York City, the researchers enrolled 167 people with hepatitis C who had injected drugs within the past 90 days. Most (78%) were men, and the average age was 42 years. A majority (59%) were Latino, 32% were white and 5% were Black. More than half (57%) were unhoused.

These participants, recruited between July 2017 and March 2020, were randomly assigned to accessible care or facilitated referral. Those in the former group had on-site access to a physician and a care coordinator for hepatitis C treatment. Those in the latter group received help from an

on-site patient navigator but were directed to seek care at a different location.

People assigned to the accessible care model were much more likely to be referred to a clinician for HCV care, attend their first clinic visit, finish baseline testing and begin treatment.

In an intention-to-treat analysis, 67% of people in the accessible care arm attained SVR within a year after study enrollment, compared with just 23% of people in the facilitated referral arm. Among those who actually received therapy, 86% in both groups achieved SVR.

“In this randomized clinical trial, among people who inject drugs with hepatitis C infection, significantly higher rates of cure were achieved using the accessible care model that focused on low-threshold, co-located, destigmatized and flexible hepatitis C care compared with facilitated referral,” wrote the researchers. “To achieve hepatitis C elimination, expansion of treatment programs that are specifically geared toward engaging people who inject drugs is paramount.”

Click here to read the study abstract in JAMA Internal Medicine.
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