O1033 Factors associated with a current HCV infection among people who inject drugs in England, Wales and Northern Ireland in 2017

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Background: In the UK, approximately 50% of people who inject drugs (PWID) are estimated to have ever been infected with Hepatitis C virus (HCV). HCV RNA testing data, differentiating current infection in this population, is now available within a longstanding prevalence study for the first time. Measuring current HCV infection in PWIDs is important to monitor incidence, chronic prevalence, reinfection rates and the impact of interventions.

Materials/methods: Questionnaire data from the unlinked anonymous bio-behavioural survey of PWID in England, Wales and Northern Ireland was analysed against corresponding HCV antibody and RNA results from dried blood spot specimens. Prevalence of current and past HCV infection and factors associated with a current HCV infection were examined in those who had injected drugs in the preceding year.

Results: Data from 1,715 participants in 2017 were included. Of these, 508 (29%) samples were HCV RNA positive, indicating current infection, and 471 (27%) were HCV RNA negative and anti-HCV positive indicating past infection that has been cleared or treated. Of those currently infected, 201 (40%) reported being aware of their HCV positive status, of which, 37 (18%) reported being offered and accepting treatment. Of those unaware of their HCV RNA positive status, 46% had not tested recently (>2 years ago). Factors associated with a positive HCV RNA result in multivariate analysis were: injecting crack in the previous year (adjusted odds ratio (AOR) = 1.88, CI 1.30-2.14), ever testing for HCV (AOR=1.55, CI 1.07-2.27), ever imprisoned (AOR=1.64, CI 1.25-2.18), accessing drug services in London (AOR=1.65, CI 1.15-2.35) and ever being infected with Hepatitis B (AOR=2.23, CI 1.64-3.04).

Conclusions: A minority of PWID currently infected with HCV were diagnosed and initiated treatment. HCV RNA data enhance the utility of prevalence surveys to monitor strategies to increase testing uptake and linkage to care.