

Are HIV-HCV coinfecting people who inject drugs accessing HCV prevention and care in Canada?



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Introduction

- In Canada, 85% of new hepatitis C virus (HCV) infections occur among people who inject drugs (PWID), and coinfection with HIV can exacerbate disease severity.
- We investigated temporal trends (2003-2019) in HCV treatment uptake and efficacy, injection behaviours, and access to harm reduction services among HIV-HCV coinfecting PWID in 4 Canadian provinces to identify gaps to address for reaching HCV elimination by 2030.

Methods

- Data source: Canadian Coinfection Cohort, prospective study of >2,000 HIV-HCV coinfecting people.
- Inclusion criteria: 1,090 participants from Quebec/Ontario/Saskatchewan/British Columbia who reported injecting drugs from 2003-2019.
- 3 time periods based on HCV treatment guidelines in Canada: 2003-2010: interferon/ribavirin-based; 2011-2013: first-generation direct acting antivirals (DAAs); 2014-2019: second-generation DAAs.
- Harm reduction services assessed: needle and syringe programs (NSP), opioid agonist therapy (OAT), and supervised injection sites (SIS).

Results

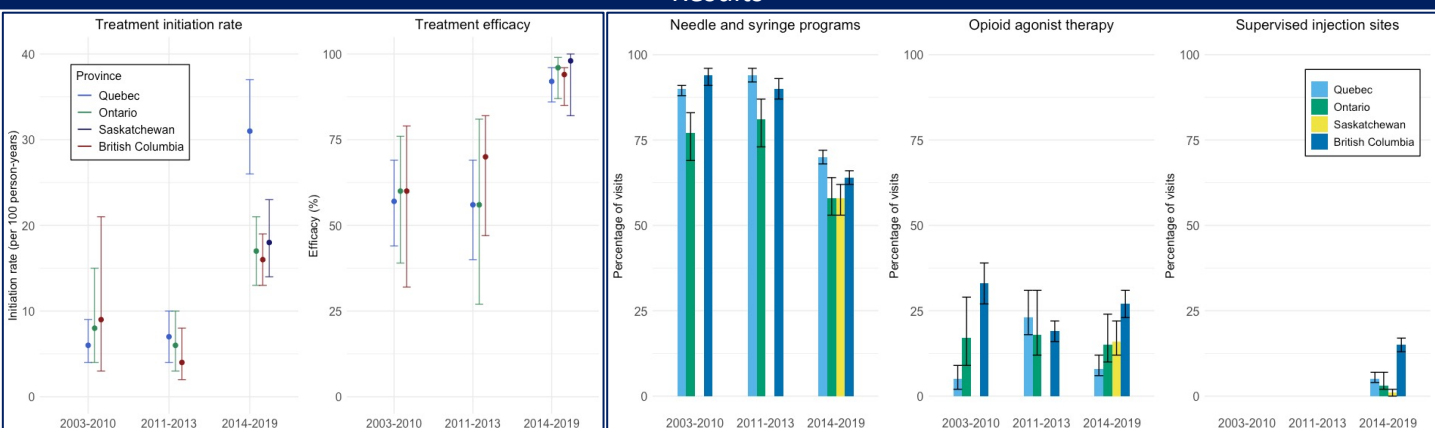


Fig 1. HCV treatment rate and efficacy among HCV RNA+ PWID.

Fig 2. Frequency of access to harm reduction programs in the past 6 months in active PWID.

Substantial increases in HCV treatment uptake and efficacy.

↓ access to NSP, rare access to SIS (2014-19), OAT engagement relatively low and stable.

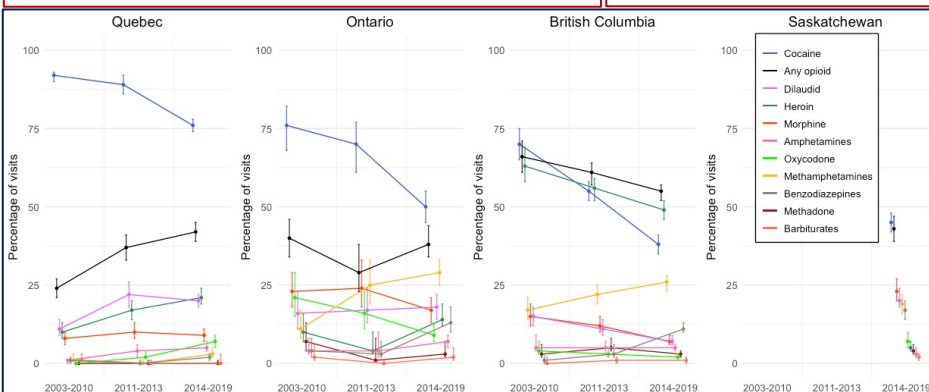


Fig 3. Frequency of drug-specific injection in the past 6 months (P6M) among active PWID.

↓ cocaine injection, frequent opioid injection, ↑ methamphetamines injection.

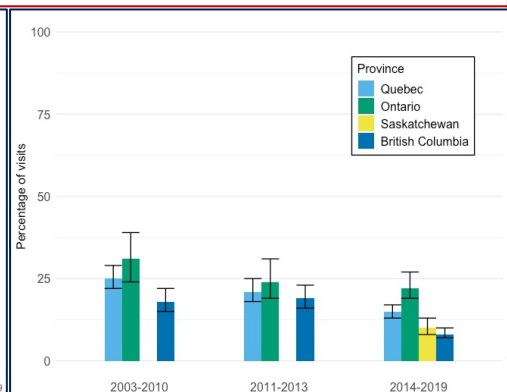


Fig 4. Frequency of syringe/needle sharing in the P6M.

Needle/syringe sharing remains frequent.

Conclusions

- HCV treatment uptake has increased among coinfecting PWID, with high efficacy.
- Needle/syringe sharing is frequently reported and large gaps remain in access to harm reduction programs, with province-level disparities.
- Local drug-injecting patterns should inform the design and implementation of these programs.
- Coinfecting PWID are highly exposed to opioid-related risks → There is a need to maximize access to proven harm reduction strategies to prevent transmission of blood-borne infections, HCV reinfection, and overdose.