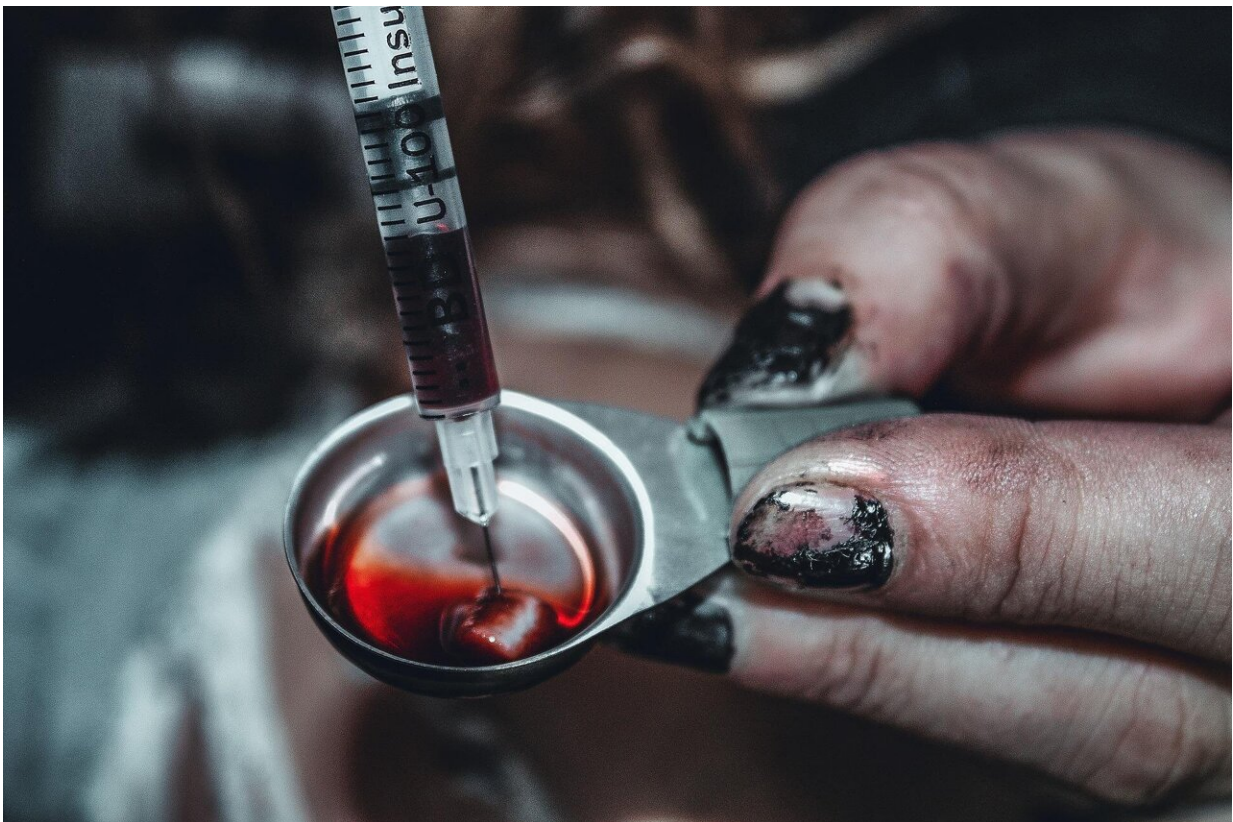


Access to hep C treatment reducing morbidity and mortality among people who inject drugs

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A longitudinal cohort study of persons with a history of injection drug use has found that more people who inject drugs (PWID) are receiving

Hepatitis C virus (HCV) treatment, which is associated with significant reductions in liver disease and mortality. According to the authors, continued testing, treatment, and community-based interventions could move the United States closer to 2030 HCV elimination goals set by the World Health Organization (WHO) and U.S. Department of Health and Human Services (HHS) within the next decade. The findings are published in *Annals of Internal Medicine*.

HCV is curable for 95% of cases. The challenges is identifying people in the community with HCV infection and linking them to care and treatment. In high-income regions like the United States, most persons chronically infected with HCV are PWID who face structural barriers to both HCV testing and treatment. They also have a disproportionate burden of comorbidities, such as HIV and alcohol use disorder, that may substantially alter the net effect of HCV treatment on mortality.

Researchers from Johns Hopkins Bloomberg School of Public Health studied 1,323 participants enrolled in the ALIVE (AIDS Linked to the IntraVenous Experience) study from 2006 to 2019 in Baltimore, Maryland to assess whether all-oral HCV treatments were accessed by PWID and if those treatments reduced liver disease burden and mortality. All participants studied had chronic HCV infection. They were tested for HCV RNA biennially from 2006 to 2012 and yearly from 2014 to 2019.

The researchers found that the proportion of participants in whom HCV RNA was found decreased significantly from 100% of participants in 2006 to 48% in 2019, representing substantial increases in treatment. At the same time, they observed a strong association between this decrease in HCV RNA and liver disease. In this same period, cirrhosis decreased from being present in 15% of participants in 2006 and 8% in 2019.

According to the authors, given that 48% of participants in the sample

remain chronically infected, their findings also underscore the heterogeneity of treatment uptake among PWID and the imperative to overcome these residual barriers to eliminate HCV infection in the United States. They also add that because the goal of a 65% reduction in mortality by 2030 is relative to 2015, progress toward achieving this target must include HCV epidemiologic data collected before 2015.

More information: Impact of Hepatitis C Treatment Uptake on Cirrhosis and Mortality in Persons Who Inject Drugs, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M21-3846](https://doi.org/10.7326/M21-3846)

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