

# HCV Services and Syringe Exchange Programs: Partnering to Improve Access to Care for People Who Inject Drugs



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## Background

Most new hepatitis C (HCV) infections occur in people who inject drugs (PWID), yet PWID are widely excluded from HCV treatment.

Since 2013, HEP and PHRA have partnered to provide free on-site HCV antibody screenings and free HCV RNA confirmatory tests to syringe exchange participants in Seattle, WA, USA.

The project aims to test PWID for HCV infection and link positive individuals to HCV care and treatment.

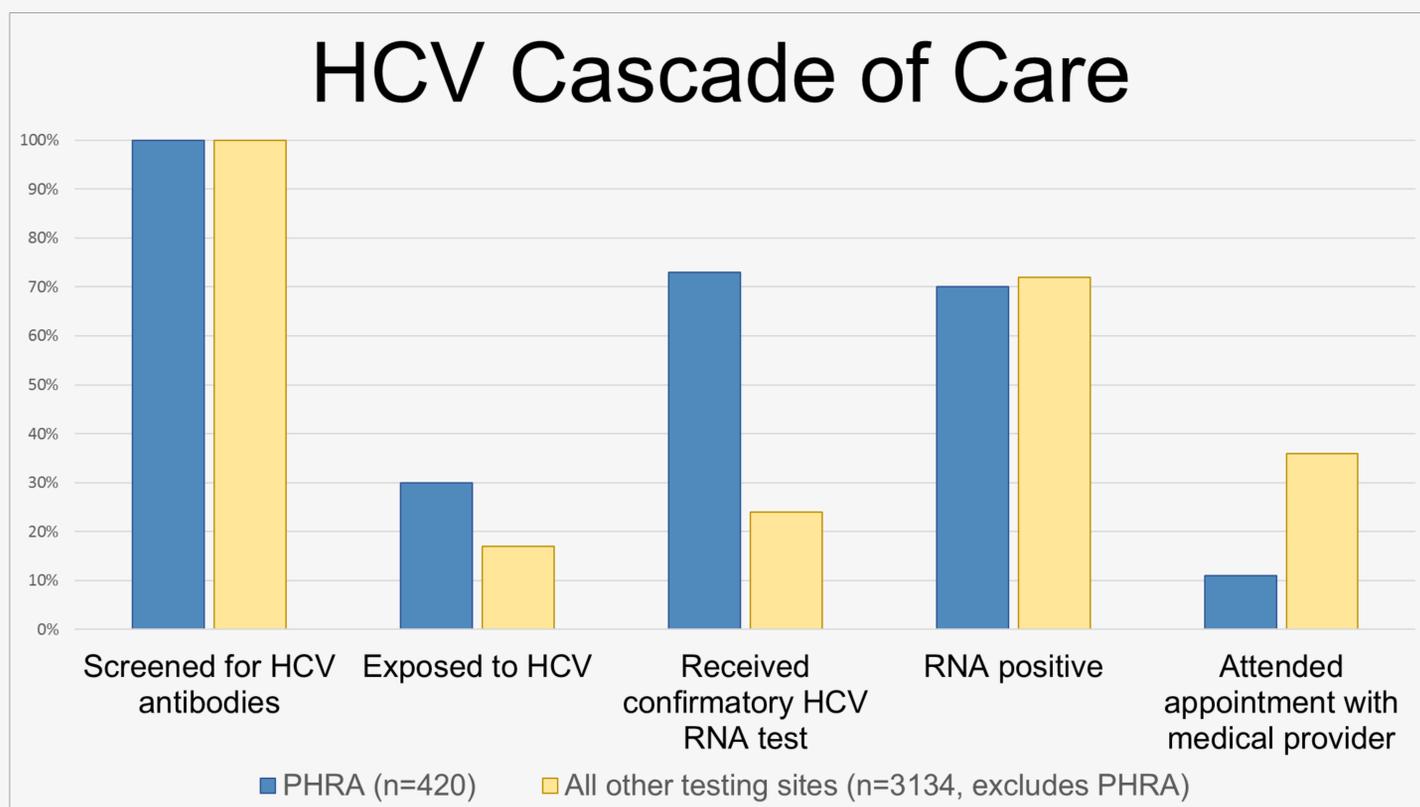
## Methods

HEP provides HCV testing in collaboration with PHRA's syringe exchange services.

Participants are asked about HCV risk behaviors during pre-test counseling.

A skilled phlebotomist performs onsite blood draws for confirmatory HCV RNA testing.

Gift card incentives are provided when participants receive screening and test results, and information about HEP's case management program is provided to HCV-positive clients.



## Results

Between June 2013 and April 2017, 420 syringe exchange participants received HCV antibody screenings.

Of 420 participants screened, **125 (30%)** were antibody positive.

•**91 (73%)** antibody-positive clients received a confirmatory RNA test, of whom **64 (70%)** were RNA positive.

•**44 (69%)** RNA-positive clients were referred to care, **seven (11%)** attended an appointment, and **four (6%)** are currently engaged in HCV treatment.

Of 420 individuals tested, **264 (63%)** reported injection drug use (IDU).

•Among participants who reported IDU, **160 (61%)** reported sharing injection drug equipment.

Among 420 individuals tested, other common risk factors included accidental blood exposure (**30%**), unprotected sex with someone with HCV (**22%**), and receiving a tattoo or piercing outside of a licensed shop (**19%**).

## Conclusions

Co-locating testing and syringe exchange services resulted in a high percentage of positive antibody tests, with most participants receiving confirmatory testing; however, few participants were linked to HCV care.

Previous research demonstrates that PWID can be successfully treated and cured of HCV.

More research is needed to determine if onsite HCV treatment at syringe exchange programs improves treatment utilization for PWID living with hepatitis C.

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