

Baseline Characteristics of An Urban Cohort of Patients with Chronic HCV and Active IDU: Challenges and Possibilities

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INTRODUCTION

People with active injection drug use and chronic hepatitis C (HCV) represent a high-risk population, both due to their marginalized status, as well as their ongoing risk of HCV transmission. Given their infrequent interaction with the health care system, little is known about the baseline characteristics and risk behaviors of active PWID with HCV.

METHODS

The ANCHOR investigation is an ongoing, single-center study of comprehensive HCV treatment in an urban cohort of active PWID, set in a harm reduction drop-in facility. Patients included in this analysis completed a comprehensive screening assessment, had detectable HCV RNA, and reported injection of opioids within three months.

RESULTS

Table 1. Patient Demographics

Baseline Characteristics	Total Cohort n=73
Median Age (IQR), years	57 (52-60)
Men, n (%)	54 (73.0)
Race, n (%)	
Black	71 (97.3)
White	1 (1.4)
Other	1 (1.4)
Hispanic, n (%)	0 (0.0)
Source of Income, n (%)	
No income	32 (43.8)
The government	37 (50.7)
Job	1 (1.4)
Other	4 (5.4)
Housing, n (%)	
Rent or own an apartment	36 (49.3)
Stay with friends or family	15 (20.5)
Shelters	14 (19.2)
Outdoors	8 (11.0)
Prior incarceration, n (%)	67 (91.8)
HIV positive, n (%)	3 (4.1)

Barriers to Care

- 25 patients (34.2%) noted no regular provider visit in the last year

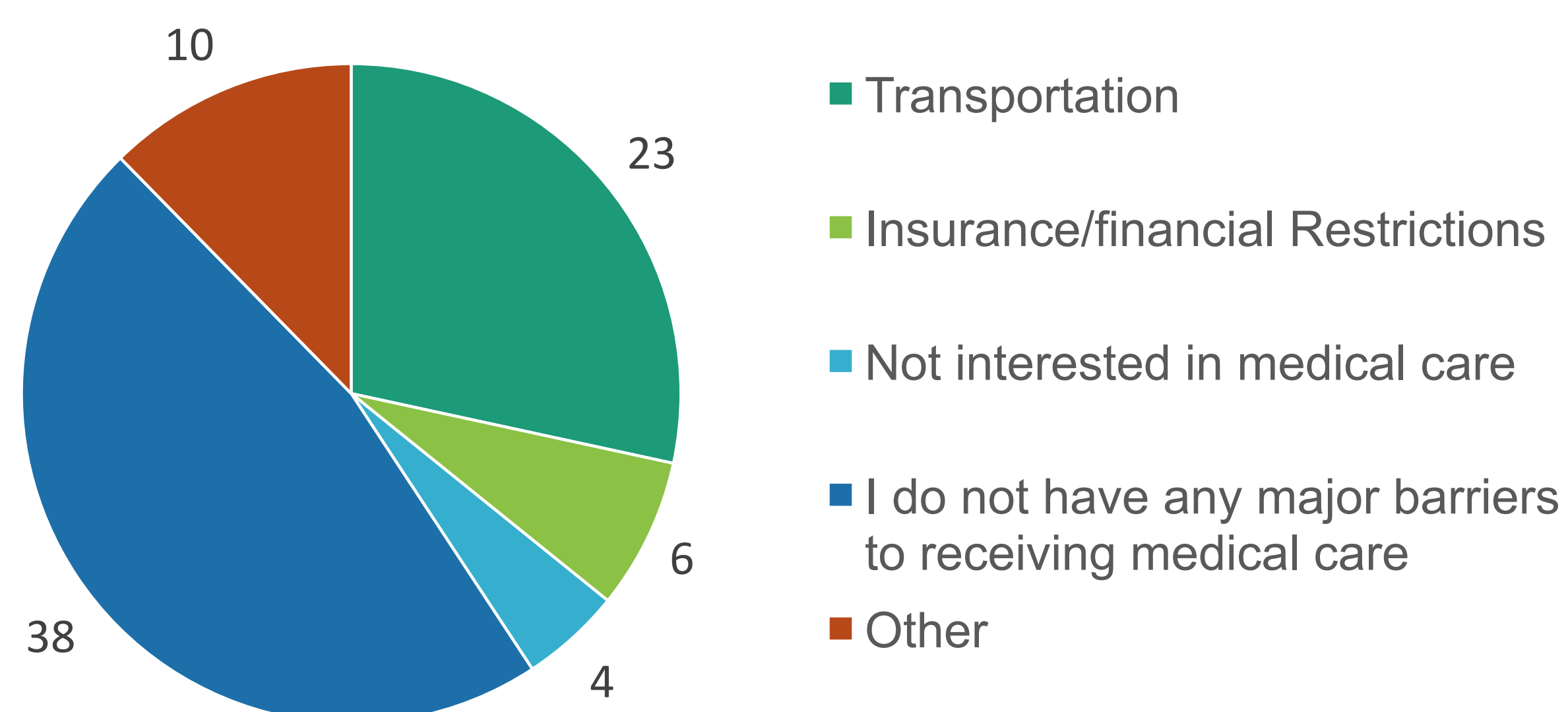


Figure 1. Reported barriers to receiving medical care

Injection Behavior and Engagement in Opioid Agonist Therapy (OAT)

- The median age of first injection was 24 years
- 60 patients (82.2%) were enrolled in syringe exchange
- 49 patients (67.1%) used a new needle with every injection
- 61 (83.6%) had experience with OAT
- 24 (34.3%) patients were on OAT at baseline

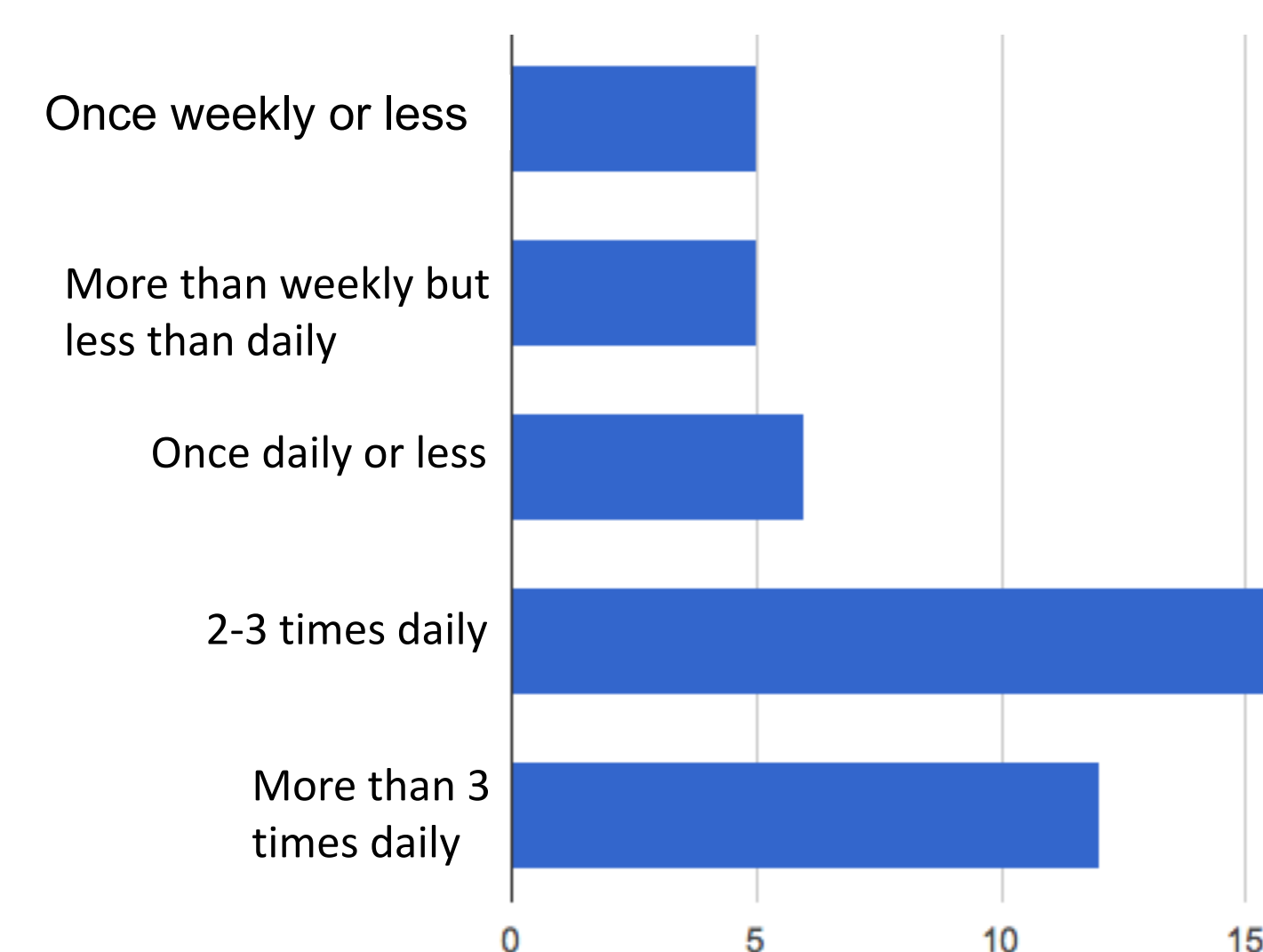


Figure 2. Frequency of opioid injection for patients not on OAT

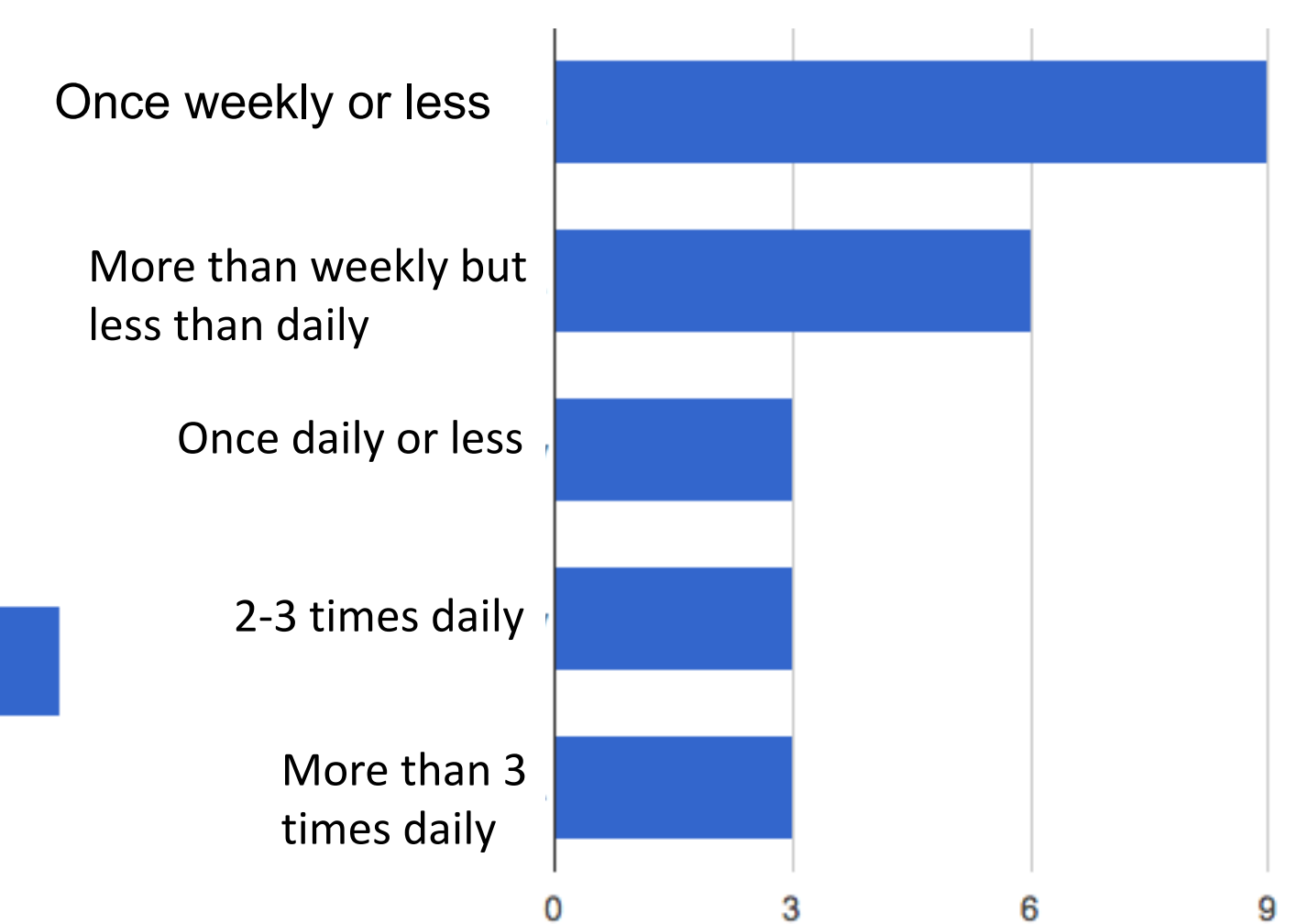


Figure 3. Frequency of opioid injection for patients on OAT

Table 2. Overdose and Naloxone

Baseline Characteristics	Total Cohort n=73
Overdose	
Experienced an overdose, n (%)	49 (67.1)
Median overdoses experienced, (IQR)	3 (2-4)
Witnessed an overdose, n (%)	68 (93.2)
Median overdoses witnessed, (IQR)	3 (3-11)
Naloxone	
Previously administered naloxone, n (%)	27 (37.0)
Currently carry naloxone, n (%)	19 (26.0)
Interested in getting naloxone, n (%)	40 (75.0)

CONCLUSIONS

In an urban cohort of PWID with HCV, there was a high degree of social instability, with limited income, frequent incarceration, unstable housing, and irregular medical care. Simultaneously there was high frequency of injection and overdose, and limited experience with overdose reversal agents, supporting the public health need for interventions within this high-risk population. Collocation of social, medical, and drug treatment services may reduce barriers to target the specific needs of this marginalized group.

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