

HEPATITIS C PREVALENCE AND RISK FACTORS AMONG PEOPLE WHO ENGAGE IN TRANSACTIONAL SEX WORK, PHILADELPHIA.

H Zellman², E Addish³, J Kostman¹, K Viner, D Kuncio, S B Trooskin¹

¹Philadelphia FIGHT Community Health Centers, ²Health Federation of Philadelphia, ³Philadelphia Department of Public Health

Background: Transactional sex work (TSW) is associated with increased rates of HIV, STIs, and substance use disorder as well as barriers to healthcare engagement. While there is extensive research on hepatitis C (HCV) exposures and prevention interventions among people who use drugs (PWUD), little is known about the epidemiology in people who engage in TSW.

Methods: C Change is Philadelphia's plan to eliminate HCV among PWUD. Enrollment includes HCV testing, linkage services, and an interviewer-administered survey including risk behaviors and healthcare engagement. This interim analysis included the first 858 enrollees.

Results: Among enrollees, 41% (n=353) reported TSW history. TSW were more frequently male ($p < 0.0001$), had an incarceration history ($p = 0.0003$), and were more likely to share injection equipment ($p < 0.0001$), snort drugs ($p < 0.0001$), and have sex with men who have sex with men (MSM) ($p < 0.0001$). Regardless of TSW history, 71% were HCV antibody positive (Ab+). Compared to HCV Ab- enrollees, HCV Ab+ individuals with TSW reported higher rates of injection drug use (IDU) (91% vs 43%; $p < 0.0001$) and sharing injection equipment (86% vs 69%; $p = 0.008$). Among people with TSW history, 62% of males (n=205) and 84% of females (n=148) were HCV Ab+ [$p < 0.0001$]. Females with TSW reported higher rates of sex with MSM than males (22% vs 8%; $p = 0.0008$), sex with HCV-positive individuals (57% vs 19%; $p < 0.0001$), and IDU (88% vs 69%; $p < 0.0001$). Females with TSW were less likely than males to carry naloxone (82% vs. 67% $p = 0.003$).

Conclusions: TSW was prevalent among all C Change enrollees. Despite TSW being more commonly reported by male participants, females with TSW history were more likely to be HCV ab+ and to report concurrent sexual and drug related risk factors. Harm reduction services and strategies specifically geared to serve the gender responsive needs of TSWs should be considered in HCV elimination planning.

Disclose on interest: none