

UPTAKE OF TREATMENT FOR HEPATITIS C INFECTION IN PEOPLE WHO INJECT DRUGS: THE LINK STUDY

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Background:

Treating people who inject drugs (PWID) for a chronic hepatitis C viral (HCV) infection is a necessity in order to reach the 2030 targets of the World Health Organization. Nevertheless, treatment uptake is low in PWID. We studied the factors influencing treatment uptake in PWID in Belgium.

Methods:

We performed a prospective, multi-center observational study. Between June 2012 and November 2016, clients were enrolled in 7 opiate agonist treatment (OAT) centres in Belgium. A questionnaire was performed at inclusion, after one and two years. Follow-up was ceased after two years, or earlier if a client was treated for HCV infection. Factors influencing treatment uptake ($p < 0.10$) upon univariate analysis were analyzed in a logistic regression model with backward conditional removal of insignificant factors ($p \geq 0.05$).

Results:

Of 255 enrolled clients, 71 (27.8%) were treated for HCV infection within the two year follow-up period. In our final model, clients were more likely to be treated based on the participating OAT centre (OR 12.00 (1.76 -81.68)), gender (being male: OR 4.74 (1.29-17.36)), based on netto income (>700 euro/month: OR 5.47 (1.36-21.95)), treatment willingness (OR 13.77 (1.34-141.34)), investigation by liver biopsy or fibroscan already performed (OR 11.21 (4.56-27.60) and 3.94 (1.51-10.27) respectively), and if they were referred by the center to a hospital (OR 2.96 (0.99-8.88)).

Conclusion:

Treatment uptake was low in this well defined group of PWID on OAT. Differences in treatment uptake were due to factors influenced by linkage to care (treatment willingness, further investigation and referral) and less by social factors (active drug use, social functioning). To increase the uptake of treatment, actions influencing linkage to care should be undertaken.

Disclosure of interest statement:

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