

# HIV SEROSTATUS AND HAVING A REGULAR PHYSICIAN FOR HEPATITIS C AMONG PEOPLE WHO INJECT DRUGS

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**Background:** People who inject drugs (PWID) living with HIV and hepatitis C (HCV) are vulnerable to a range of health-related harms, including liver cirrhosis, hepatocellular carcinoma, and mortality. While recent developments in HCV therapeutics offer promise, there is limited empirical evidence describing access to HCV treatment and care among PWID. We sought to assess the role of HIV serostatus on having a regular physician or specialist for HCV treatment and care.

**Methods:** Data were collected through three prospective cohorts involving people who use drugs in Vancouver, Canada, between 2005 and 2015. Using generalized estimating equations (GEE), we examined the relationship between HIV seropositivity and having a regular HCV physician or specialist. We conducted mediation analyses to examine whether this association was mediated by an increased frequency of engagement in healthcare.

**Results:** In total, 1629 HCV-positive PWID were eligible for this study; five hundred eighty-two (35.73%) were HIV positive at baseline and 31 (1.9%) became HIV positive during follow-up. In multivariable analyses, after adjusting for a range of confounders, HIV serostatus (adjusted odds ratio [AOR] = 2.00; 95% confidence interval [CI]: 1.78 - 2.24) was significantly associated with having a regular HCV physician or specialist. Results from the mediation analysis yielded a positively statistically significant average causal mediation effect (ACME = 0.05; 95% [CI]: 0.04 - 0.06). Approximately 26.1% of the effect was due to mediation.

**Conclusion:** Findings highlight a positive relationship between HIV seropositivity and access to a regular HCV physician or specialist, which is partially explained through increased frequency of engagement in healthcare. These findings highlight the need to address patterns of inequality in access to HCV care among PWID.

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