

Gender Differences in Hepatitis C Exposure and Care Cascade among People Who Inject Drugs

Systematic review and meta-analysis

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Background

- Enhanced prevention and treatment among people who inject drugs will simultaneously **reduce clinical burden, prevalence, and incidence of hepatitis C**
- Among people who inject drugs, women's agency to enact harm reduction measures or access interventions may be **constrained by a gendered power structure**
- Important HCV risk and cascade of care variables will **vary by sex/gender**

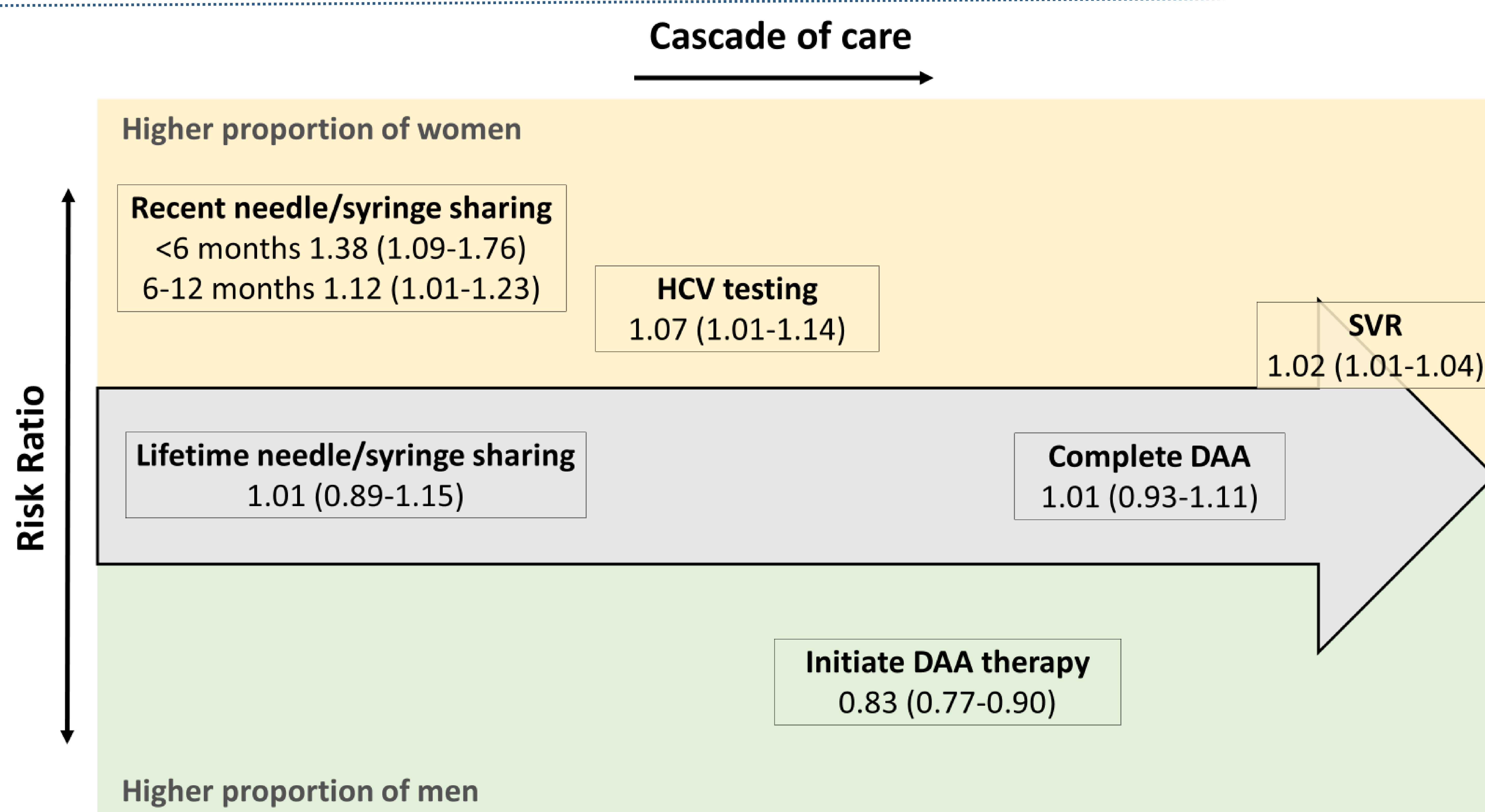
Methods

SYSTEMATIC REVIEW

- Standard systematic review methods: search of Pubmed, EMBASE and Cochrane Database of Systematic Reviews, with screening and data extraction completed in duplicate
- Limited to papers published 2012 onwards (post-introduction of direct-acting antivirals)
- Extracted indicators: **needle and syringe sharing** (ever, in the past 6-12 months, in the past 6 months), ever **tested for HCV, initiation** and **completion of DAA treatment**, and attained **sustained virologic response** (SVR)

META-ANALYSIS

- Random effects meta-analyses given anticipated study heterogeneity, in particular:
- We anticipated that the literature would not consistently distinguish between "sex" and "gender", and that no or very little data would be available for transgender or gender-diverse people
→ We had to assume that male sex was congruent with a gender of "man", and that female sex was congruent with a gender of "woman"



Key findings

- Needle and syringe sharing: no difference in lifetime sharing; women were more likely to report more recent sharing of needles and syringes
- HCV testing: women were more likely to have ever been tested for hepatitis C
- DAA treatment: men were more likely to have initiated treatment, but no difference was observed in treatment completion
- Sustained virologic response: women were more likely to attain SVR following treatment, but the difference is very small and unlikely to be clinically important

Conclusion

- There are sex and gender differences in hepatitis C risk, testing, and treatment uptake among people who inject drugs
- These differences are likely to be linked to gender (rather than sex) and influenced by a range of social, cultural, and economic factors
- Differences at different points in the hepatitis C continuum may interact in ways that are not yet clear to influence population health outcomes
- To succeed in eliminating hepatitis C by 2030, gender-sensitive programs addressing barriers to hepatitis C prevention and treatment among people who inject drugs, are needed