



Low levels of HCV awareness and risk among groups most at risk in Vietnam

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BACKGROUND

Estimates of prevalence of hepatitis C infection among adults in Vietnam are as high as 4.3% (WHO,2014). However, prevalence among most at risk groups including people who inject drugs (PWID) is significantly higher—close to 6 out of every 10 PWID are living with HCV in Vietnam (IBBS, 2013). HIV and HCV co-infection rates are also high among PWID—one study found 98.5% (IBBS, 2009). Given the absence of population-based evidence regarding HCV awareness, perceptions and behaviors among individuals at greatest risk of HCV, PSI integrated HCV questions into two rounds of behavioral survey data collected among PWID in three provinces: Thai Nguyen, Hanoi and Ho Chi Minh city.

METHODS

Samples of 1,080 PWID (2013 survey) and 1,100 PWID (2016 survey) who had injected in the past 3 months were collected using respondent driven sampling in three provinces: Hanoi, Thai Nguyen and Ho Chi Minh city. Analysis was weighted using R-analyst and by estimated PWID population size in each province. Descriptive analysis was employed to assess levels of HCV knowledge, perceptions and practices. The Chi-square test was used to test statistical differences in key indicators between 2013 and 2015.

RESULTS

Results indicate that while general knowledge regarding HCV transmission modes and prevention have doubled between 2013 and 2016, they remain alarming low.

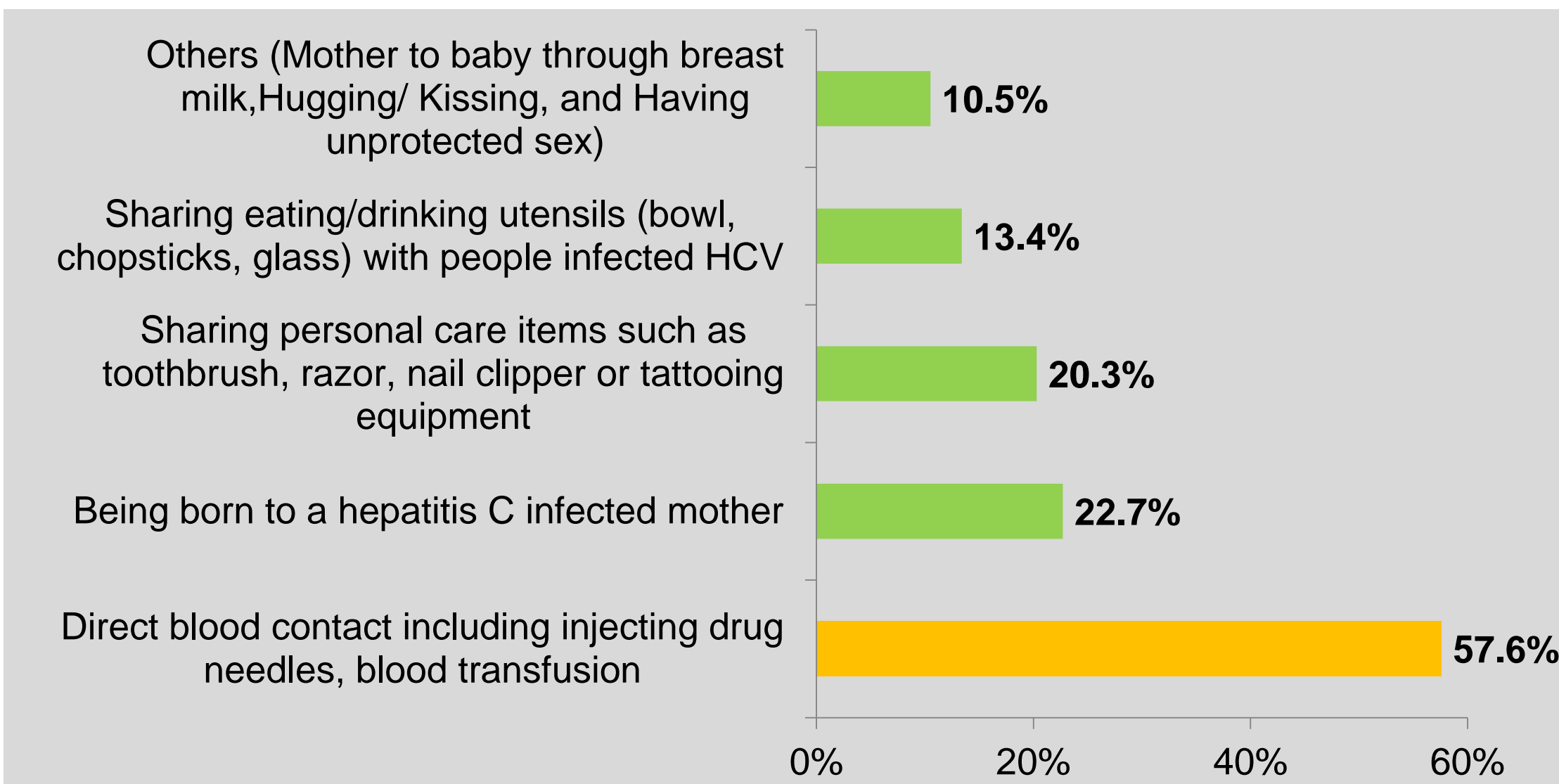


Figure 1: Awareness of HCV transmission modes among PWID in 2016 survey (N=1,100)

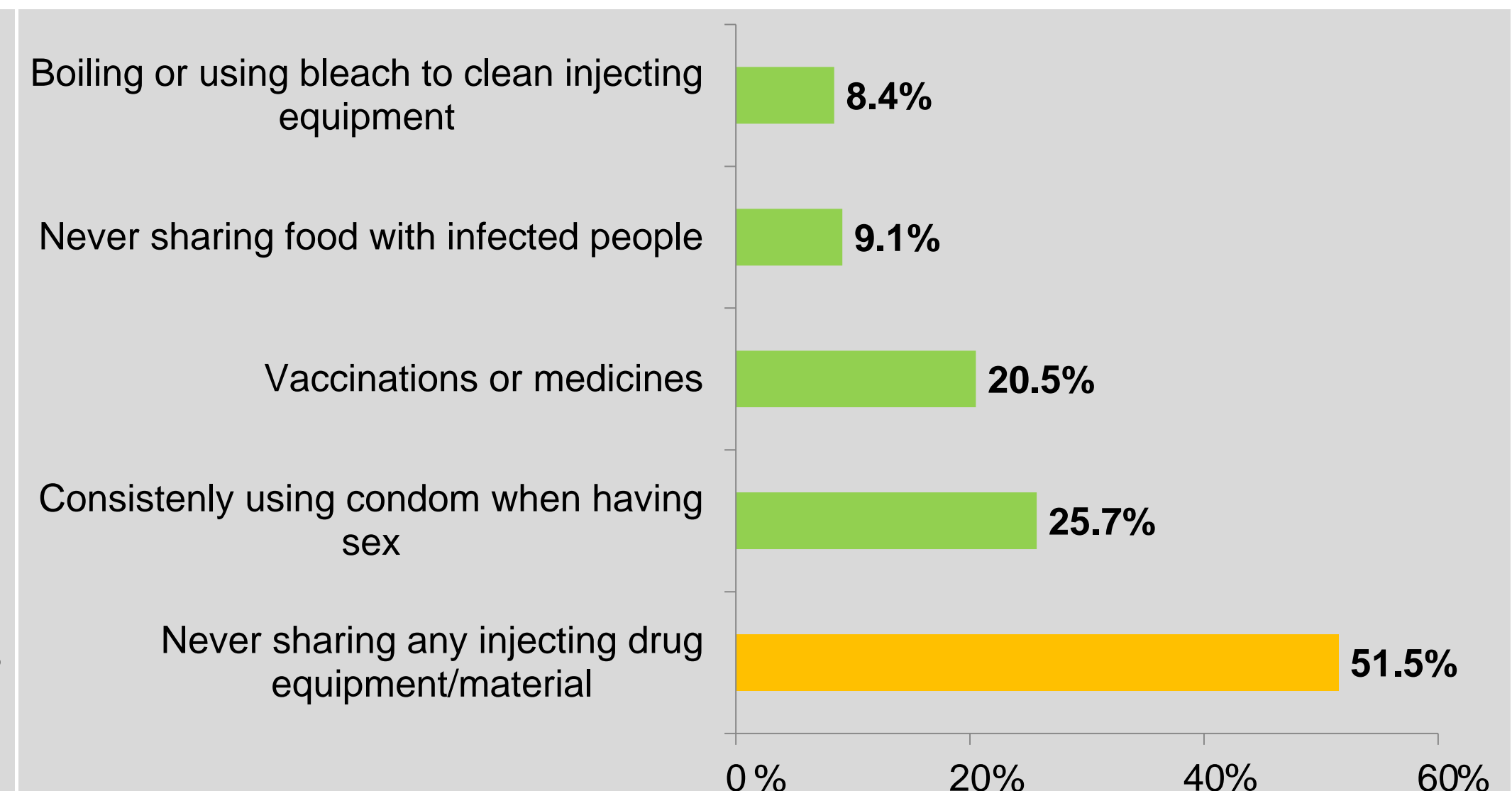


Figure 2: Awareness of HCV prevention methods among PWID in 2016 survey (N=1,100)

While awareness of PWID who have heard of HCV also understand that HCV can be transmitted through sharing needle/syringe has increased significantly from 42% in 2013 to 58% in 2016 (p<0.001), it remains far lower than levels required to facilitate safer behaviors.

Not surprisingly, awareness regarding prevention methods also remain low, with only 51.5% of PWID surveyed in 2016 (vs. 41.7% in 2013) correctly identifying non-sharing of needle/syringe as an effective method to prevent HCV transmission.

The proportion of PWID who have ever been tested for HCV has increased from 11.2% in 2013 until 19.6% in 2016 (p<0.001).

Low perception of HCV risk (“I am not at risk of HCV”) is the main reason provided by those who have never tested for HCV (62% in 2016, CI: 57.8% - 67%).

Meanwhile, rates of needle/ syringe sharing remain significant with 13.5% of PWID surveyed in 2016 reporting sharing in the last three months, compared to 11.5% in 2013.

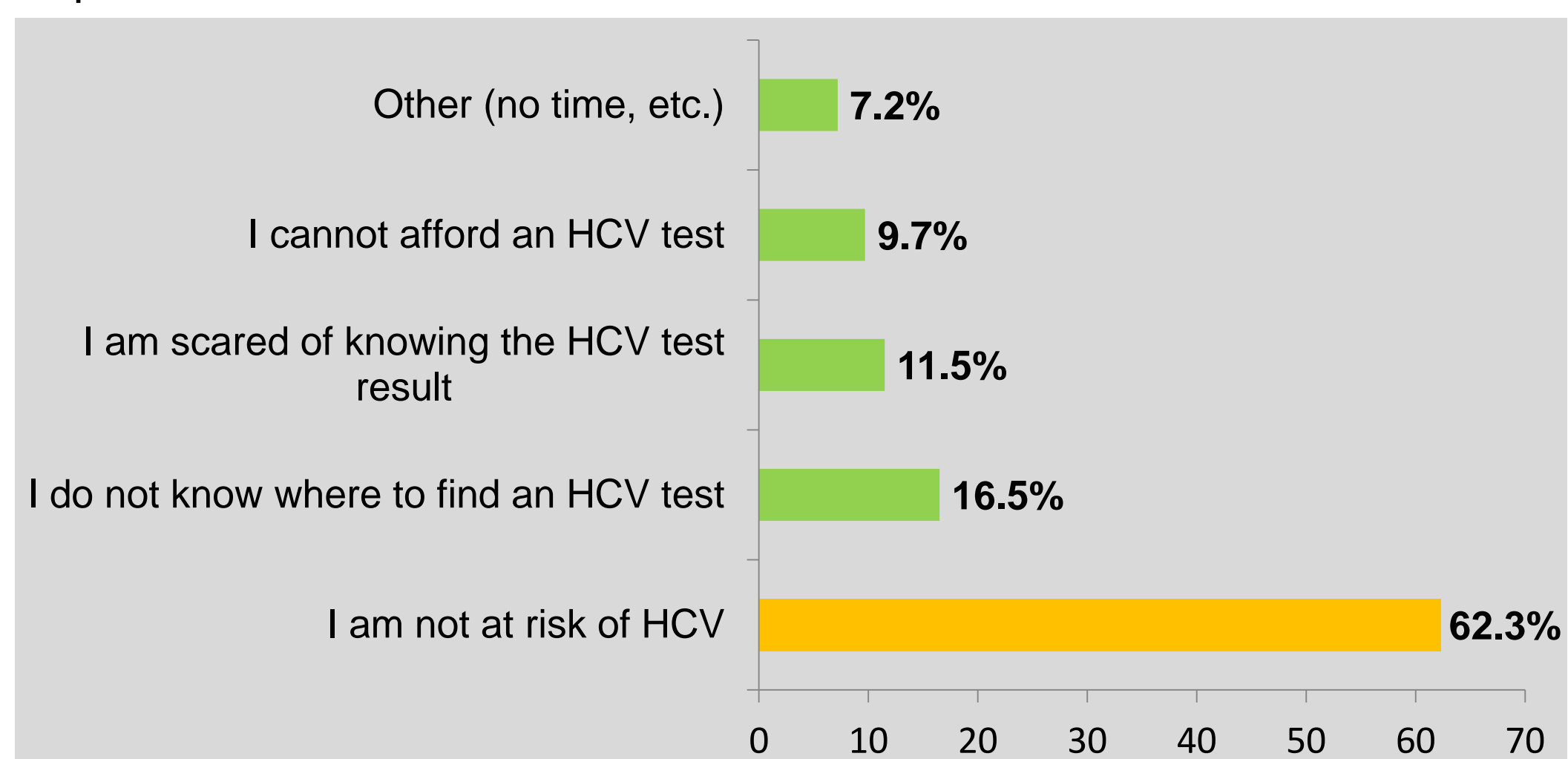


Figure 3: Reasons for not getting tested for HCV among PWID in 2016 survey (N=885)

CONCLUSIONS

Individuals with a high risk of HCV are unlikely to be aware of this risk, methods to prevent and/or manage infection. Not surprisingly among a group with low awareness of HCV risk, prevention and diagnosis behaviors are also uncommon. Identifying factors associated with HCV prevention, diagnosis and treatment behaviors among PWID and utilizing these factors to inform programming with high coverage among PWID is critical to reducing HCV incidence as well as mortality rates among PWID.