

HEPATITIS C CASCADE OF CARE AMONG PEOPLE WHO INJECT DRUGS IN POLAND: GAPS BOTH AT TESTING AND LINKAGE TO CARE LEVELS

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Background:

Previous studies among people who inject drugs (PWID) identified an undiagnosed fraction of hepatitis C (HCV) of 63.6% in 2004 and 30% in 2009. However, little is known about the current diagnosis rate and access to HCV treatment. We constructed the cascade of care, also describing the testing rate and the reasons for poor linkage to care.

Approach:

The cross-sectional study was conducted in September-November 2017, in 4 cities in Poland (Warsaw, Chorzow, Krakow, Wroclaw) including laboratory testing for HCV/HBV/HIV/syphilis and a self-administered questionnaire. The 171 participants were recruited with respondent-driven sampling. The inclusion criteria were: age 18+, injecting drugs at least once in life and residing in the studied areas for at least 3 months. Diagnosed fraction, linkage to care and treatment rate were established based on the questionnaire items.

Results:

The study group comprised 126 (74%) males. Mean and median age was 34. 112 (66%) of participants injected drugs during the past 30 days, of whom 74% injected new psychoactive substances. In total 105 (63%) were ever tested for HCV and 41 (24%) were tested during 2016-2017. 99 (55%) were anti-HCV positive. Of them, 61 (62%) were diagnosed, 20 linked to care (20% of the diagnosed) and 7 (7%) have completed treatment. The reasons for not being linked care among the diagnosed fall into 2 categories: individual-related factors (19/24, 79%), e.g. postponing/ forgetting clinical appointments due continuous drug use or because of lack of symptoms; and related to the healthcare system (5/24, 21%), e.g. lack of insurance.

Conclusion:

Although the diagnosed fraction improved more effort is needed to reach the WHO elimination target for 2030. Poor linkage to care underlines the necessity to strengthen individual support services that would increase knowledge about new effective therapies and motivation to treatment.