



# LOW LEVELS OF HCV KNOWLEDGE IN KEY POPULATIONS: A BARRIER TO HCV ELIMINATION

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## Background

A major barrier to the achievement of HCV elimination is the continued occurrence of new infections, particularly among people who use drugs (PWUD). In addition to issues of inadequate diagnostic testing and linkage to care, this may relate to imperfect knowledge about risk behaviours leading to infection and a reluctance to seek out HCV testing even when it is available. To assess these questions, we conducted a survey among individuals from an inner-city population with high rates of ongoing injection drug use to quantify the understanding of HCV transmission risk.

## Methods

This study was conducted within the context of a weekly HCV outreach program held at community centres and homeless shelters in Vancouver, Canada. Within a broader demographic questionnaire, we specifically interrogated knowledge about HCV transmission risk behaviours as well as knowledge about HCV curability, willingness to receive treatment, and specific barriers to treatment initiation.

## Results

Between 04/17-04/18, 745 individuals answered the questionnaire after having provided informed consent (Table 1). The mean age was 47.5 years, 27% female, 49% Caucasian, 26% First Nations. Almost half (44%) reported being homeless or living in a shelter; 33% reported currently or previously injecting drugs, with 26% know to be infected with HCV.

**Table 1**

Characteristic	Participants (n = 745)
Age (mean ± std in years)	47.5 ± 12.5
Female	198 (27%)
Ethnicity	
Caucasian	365 (49%)
First Nations	191 (26%)
Homeless or shelter	325 (44%)
Active Injection drug use	249 (33%)

Of all 745 participants, 55% identified needle sharing as a risk factor for HCV (Table 2). Only 48% were aware of a cure for HCV, however 71% reported willingness to receive treatment if needed.

## Results (continued)

**Table 2**

HCV Knowledge	Participants (n = 745)
Risk factors for HCV?	
Kissing/coughing/touching/sneezing	146 (20%)
Having unprotected sex	345 (46%)
Sharing needles	413 (55%)
Sharing equipment (filters, pipes, syringe, etc.)	397 (53%)
Blood transfusion	8 (1%)
Cure for HCV?	
Yes	356 (48%)
No	88 (12%)
I don't know	182 (24%)
Consider HCV treatment?	
Yes	526 (71%)
No	36 (5%)
I don't know	60 (8%)

The most frequent barriers to accessing care were perceived lack of access to treatment, an active desire to not engage in health care, and the perceived high cost of treatment, each being identified by 21-23% of individuals.

## Conclusion

Among key populations such as PWUD, education campaigns to reduce high risk behaviours may have an impact on HCV transmission. Additional measures to improve knowledge about the curability of HCV and to publicize the universal access to safe, effective HCV treatment at no cost to the patient (such as is the case in our setting) may help support efforts focused on engagement in care. The question of not wishing to engage in health care will require the design of novel structures to favor such engagement.

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