Awareness of Hepatitis C infection and missed opportunities among people who inject drugs, England, Wales and Northern Ireland in 2022

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INTRODUCTION

- Awareness of current hepatitis C infection (AB+ RNA+) among people who inject drugs is important to ensure prompt treatment uptake and to facilitate progress towards WHO elimination goals[1].
- Estimates of awareness from serosurveys can underestimate the proportion aware as diagnostic testing is frequently offered alongside the surveys, so respondents may receive their results shortly after.
- In 2022, a new question was added to the Unlinked Anonymous Monitoring (UAM) Survey which asked participants if they had a diagnostic hepatitis C test on the day of the survey (Figure 1). This allowed us to investigate awareness of current hepatitis C infection, accounting for those who would likely become aware shortly after the survey.

Aim: We investigated factors associated with awareness of current hepatitis C infection among people who inject drugs, accounting for those who received a diagnostic test on the day, to highlight missed opportunities.

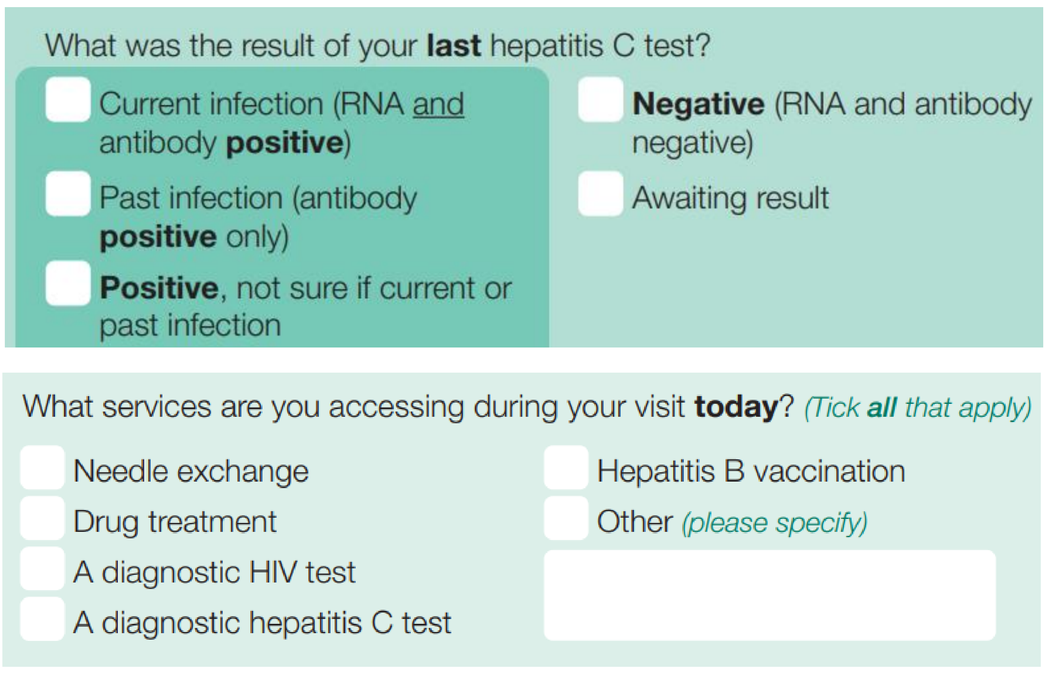

Figure 1. *Questions about hepatitis testing and services accessed today in the UAM Survey 2022*

METHODS

Data were collected from the annual cross-sectional UAM Survey of people who inject drugs in 2022. Participants complete a questionnaire on risk behaviors and demographics and provide a dried blood spot sample for HIV and hepatitis testing (Figure 1).

Eligibility criteria:

- Participants have ever injected a psychoactive drug.
- Participants take part once in a calendar year.

Analysis:

- To be included in the analysis participants must be living with current hepatitis C (AB+ RNA+) and have either answered the question “What was the result of your last hepatitis C test?” or had a diagnostic hepatitis C test on the day or were awaiting their result (N=293) (Figure 1).
- Awareness of current hepatitis C infection was calculated by comparing participants self reported answer to “What was the result of your last hepatitis C test?” with their dry blood spot (DBS) test result (Figure 1).
- Participants were classed as “potentially aware” if their self reported status and DBS test result did not match and they reported having a diagnostic hepatitis C test on the day or said they were awaiting their result. Participants were also classed as potentially aware if they did not answer “What was the result of your last hepatitis C test” but reported that they had a diagnostic test on the day (Figure 1 & Figure 2).
- Logistic regression was used to identify factors associated with awareness, adjusting for region, age and gender.

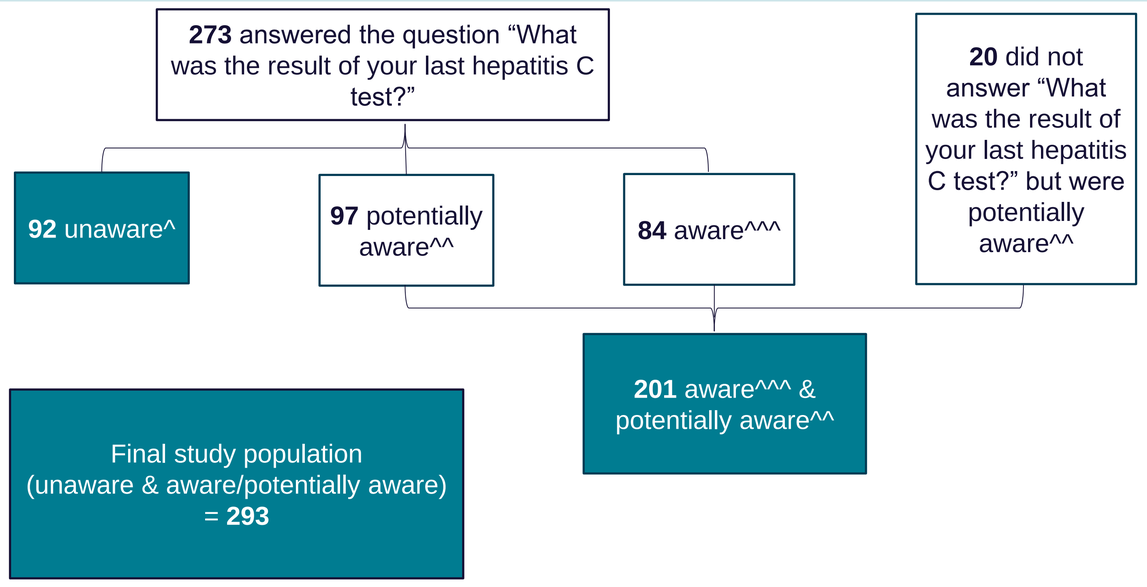

Figure 2. *Calculation of the study population*

^unaware = self-reported status did not match DBS test result and the participant did not report having a diagnostic test on the day of the survey and did not report that they were awaiting a test result
^^potentially aware = self-reported status did not match DBS test result but the participant either reported having a diagnostic test on the day or said that they were awaiting a test result
^^^ aware = self-reported hepatitis C status matched DBS test result

RESULTS

In 2022, traditional UAM estimates found **31% (84/273)** of participants were aware that they were living with a current hepatitis C infection. However, after accounting for participants who were potentially aware (i.e. those who had a diagnostic test on the day of the survey or were awaiting a test result) the proportion aware/potentially aware increased to **69% (201/293),** with **31% (92/293)** remaining unaware.

Of the **31% (92/293)** who were **unaware**:

- **78% (72/92)** were male.
- **55% (43/78)** were currently injecting (injected in the last 4 weeks).
- **85% (77/91)** were aged 35 and over.
- **11% (7/61)** injected for the first time within the last three years.
- **67% (62/92)** had their last hepatitis C test over 2 years ago or had never had a hepatitis C test.

Of the **67% (62/92)** who had their last hepatitis C test over 2 years ago or had never had a hepatitis C test, almost all **99% (61/62)** reported using other health services within the last year or on the day of the survey:

- **86% (51/59)** reported seeing the GP in the last year.
- **73% (43/59)** reported using a pharmacy in the last year.
- Over half **56% (32/57)** reported accessing drug treatment on the day of the survey.

Characteristics associated with awareness of current infection

There were no significant differences in age, sex or region between those aware and unaware of their infection status. There were also no significant differences in the choice of drugs injected between the two groups (Figure 3).

However, the analysis did find some notable differences:

- Participants who reported accessing a needle exchange on the day of the survey were more likely to be unaware of their current infection (Figure 3).
- Participants who reported having ever received treatment for drug use were more likely to be aware of their current infection (Figure 3).
- Participants who reported having a recent HIV test or a recent hepatitis C test were more likely to be aware of their current infection (Figure 3).

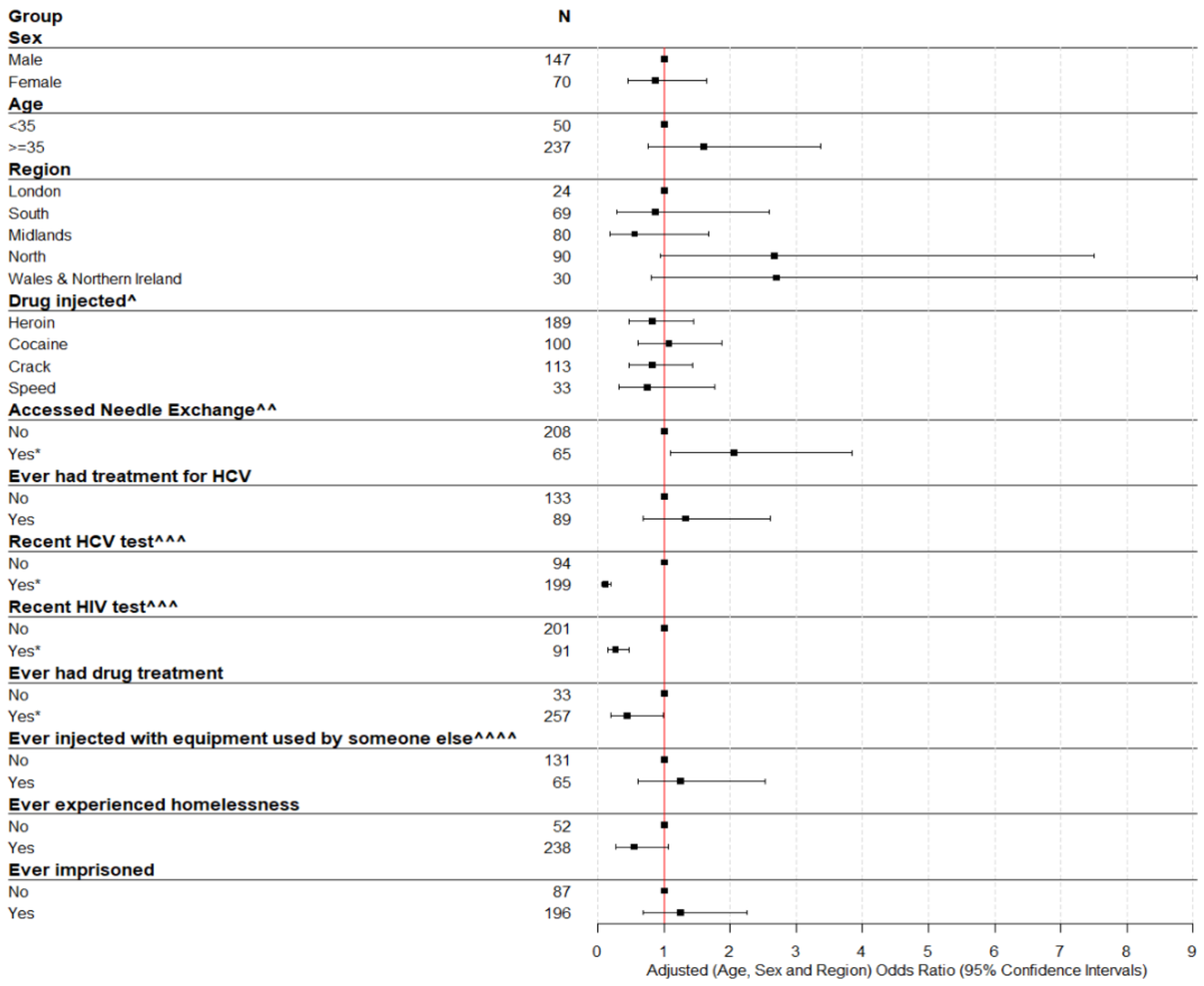

Figure 3. *Adjusted odd ratio’s showing the odd’s of being unaware of current hepatitis C infection. *p<0.05, ^drug injected within the last year, baseline group those who did not inject that drug in the last year including those who have not injected in the last year , ^^NSP accessed on the day of the survey, ^^^tested within current or previous year, ^^^^among people who injected in the last year*

CONCLUSIONS

- Compared to the traditional estimate from the UAM survey, after accounting for those who were potentially aware (e.g. those who were waiting for a test result or had a diagnostic test on the day), the proportion aware of their infection considerably increased.
- Almost all of the participants who were unaware that they were living with current hepatitis C and had not had a recent test reported accessing other health services such as the GP and pharmacy, indicating the need for a more widespread offering of testing.
- More needs to be done to understand the barriers and facilitators to offering and accepting testing for those who remain at risk of hepatitis C but remain undiagnosed. This could be through focussed initiatives such BBV opt out testing, peer support and through an expanded offer of testing in pharmacies and general practice.

LIMITATIONS

- Participants recruited to the UAM Survey may not be representative of the entire population of people who inject drugs.
- We have assumed that participants who had a diagnostic test on the day or were awaiting their test result did receive their result.
- We have assumed that those who did not report having a diagnostic test on the day did not go on to have one later.
- Questionnaire data are self-reported and therefore may be subject to recall bias and reporting bias.

ACKNOWLEDGEMENTS

We thank all staff of collaborating drug services and participants in the UAM Survey.

REFERENCES

1. World Health Organization (WHO) (2022). ‘Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030’ Geneva: WHO

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