

# Attitudes, Testing and Treatment Rates of Hepatitis C and HIV Among Injection Drug Users

Rowe, KA<sup>1</sup>, Tesoriero, JM<sup>1</sup>, Davis, SJ<sup>1</sup>, Heavner, KK<sup>1</sup>, Rothman, J<sup>2</sup>, Litwin, AH<sup>3</sup>, Slifer, M<sup>1</sup>, Birkhead, GS<sup>1</sup>

<sup>1</sup>New York State Department of Health, AIDS Institute.

<sup>2</sup>New York State Department of Health, Bureau of Project Management.

<sup>3</sup>Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY.

**Viral  
Hepatitis  
Integration  
Project**



# Background

---

---

- Globally, an estimated 180 million persons are chronically infected with the hepatitis C virus (HCV) and 3 to 4 million persons are newly infected each year.
- There are approximately 4.1 million Americans estimated to be infected with HCV.
- In the U.S., nearly 90% of individuals newly diagnosed with HCV have a history of injection drug use (IDU).

## Background (continued...)

---

---

- IDU is also among the leading risk factors for HIV/AIDS in the U.S. and accounts for just under one-third of new HIV infections outside of sub-Saharan Africa.
- Currently about 1 million Americans are infected with HIV and 300,000 Americans are co-infected with HIV and HCV.

## Background (continued...)

---

---

- There are approximately 170,000 active IDUs in New York State; 125,000 active IDUs reside in New York City.
- IDUs are at increased risk for contracting both HIV and HCV.

## Background (continued...)

---

---

- Historically IDUs have had less access to HCV evaluation and treatment than to HIV related services.
- For example, in many syringe exchange programs (SEPs) and methadone maintenance treatment programs (MMTPs) few hepatitis services exist and if services do exist, HCV treatment is seldom utilized.

# Viral Hepatitis Integration Project (VHIP)

---

---

- Five year grant from CDC that began October 2004 (CDC Grant #U50/CCU224192).
- VHIP seeks to integrate hepatitis screening, testing, prevention and treatment into drug treatment and substance use settings that already provide HIV services to clients.

# VHIP Sites in New York City

---

---

- Two SEPs (both have multiple sites)
- One MMTP (multiple sites)
- Note: many types of services are typically offered in both SEPs and MMTPs (for example, HIV testing, support groups, outreach, counseling, case management, etc.)

# VHIP Services - SEPs

---

---

Services available on-site:

- Hepatitis coordinator
- HBV and HCV screenings
- HAV and HBV vaccinations
- HCV evaluation and treatment referrals
- Support groups
- Hepatitis educational materials



# VHIP Services - MMTPs

---

---

Enhancement of services:

- Hepatitis coordinator & hepatitis educator
- On-site evaluation and treatment for HCV+ clients
- Support groups and peer education
- Hepatitis educational materials

# VHIP

## Primary Evaluation Activities

---

---

- ***Client Survey (baseline/follow-up)***
- Medical Staff Survey (baseline/follow-up)
- Non-Medical Staff Survey (baseline/follow-up)
- Hepatitis Service Tracking System (ongoing)
- Educational Materials (ongoing)
- Focus Groups (ongoing)

# Methods

## Baseline Client Survey

---

---

- In-person 20 minute interview administered by the hepatitis coordinators or the hepatitis educator.
- Administered in English at the MMTP and in English and Spanish at the SEPs.
- Recruitment
  - Active recruitment
  - Passive recruitment
- \$10 incentive (subway fare).

# Instrument Baseline Client Survey

---

---

- Knowledge of Hepatitis & HIV Risks
- Attitudes Towards Hepatitis and HIV Prevention
- Experiences with Hepatitis and HIV Testing and Prevention
- Hepatitis and HIV Risk
- Awareness of Hepatitis and HIV Educational Materials

# Description of Participants

	<b>SEPs (n=617)</b>	<b>MMTP (n=797)</b>	<b>Total (n=1414)</b>
<b>Mean Age (n)</b>	41.3 (604)	45.0 (788)	43.4 (1392)
<b>Gender<sup>1</sup>(n)</b>	(609)	(778)	(1387)
Male	70.9%	50.0%	59.2%
Female	28.1%	49.6%	40.2%
<b>Race/Ethnicity (n)</b>	(612)	(785)	(1397)
Hispanic	66.8%	62.7%	64.5%
Non-Hispanic, Black	26.5%	26.6%	26.6%
Non-Hispanic, White	4.7%	6.9%	5.9%
Non-Hispanic, Other	2.0%	3.8%	3.0%

<sup>1</sup>p<0.0001.

# Hepatitis C/HIV Status<sup>1</sup>

	SEPs (n=420)	MMTP (n=560)	Total (n=980)
HCV+/HIV <sup>-2</sup>	52.4%	42.9%	46.9%
HCV+/HIV <sup>+3</sup>	10.5%	18.4%	15.0%
HCV-/HIV <sup>+</sup>	6.2%	5.0%	5.5%
HCV-/HIV <sup>-</sup>	40.0%	33.8%	32.6%

<sup>1</sup>Limited to clients who were ever tested for HCV and/or HIV and know the result of each test, <sup>2</sup>p<.01, <sup>3</sup>p<.001.

# Knowledge of Hepatitis

	SEPs (n=617)	MMTP (n=791)	Total (n=1408)
The best way to prevent HBV is by getting vaccinated (true) <sup>1</sup>	78.9%	64.6%	70.9%
The best way to prevent HCV is by getting vaccinated (false) <sup>2</sup>	40.8%	32.0%	35.9%
People who have both HIV and HCV cannot be treated for HCV (false) <sup>3</sup>	63.6%	55.5%	59.1%
Everyone with HCV needs treatment (false)	22.0%	19.0%	20.3%

p<.0001, p<.001, p<.01.

# Knowledge of Hepatitis (continued...)

	<b>SEPs</b> (n=617)	<b>MMTP</b> (n=791)	<b>Total</b> (n=1408)
Mean % of 12 questions answered correctly <sup>1</sup>	66.2%	53.7%	<b>59.2%</b>

<sup>1</sup>p<.0001.



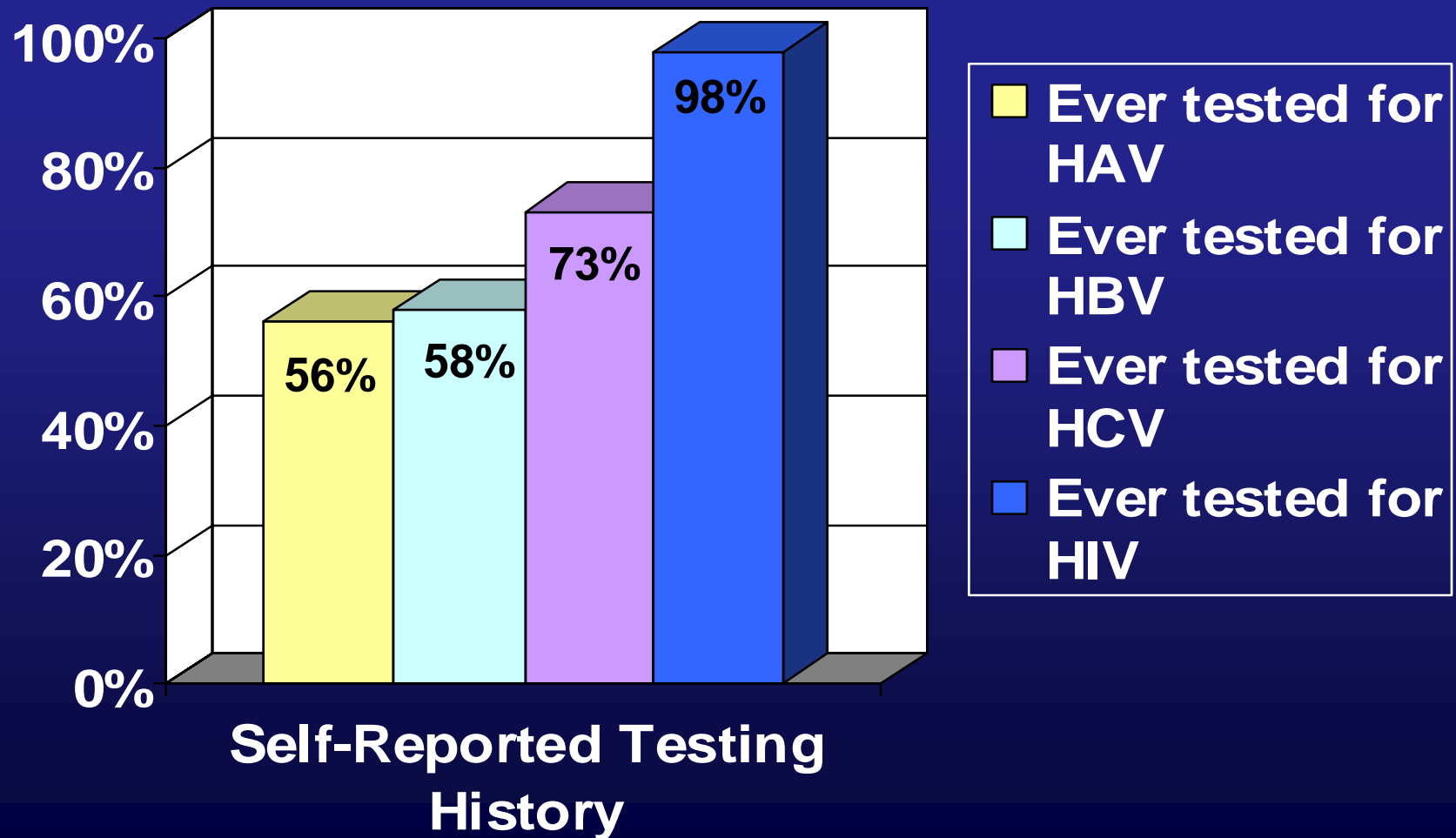
# Attitudes and Beliefs Regarding Hepatitis<sup>1</sup>

	SEPs (n=617)	MMTP (n=791)	Total (n=1408)
I would agree to get hepatitis vaccines. <sup>2</sup>	95.0%	88.9%	91.6%
I would get a liver biopsy if my health care provider recommended it. <sup>3</sup>	93.2%	91.6%	92.3%
I would take HCV treatment if my health care provider recommended it. <sup>3,4</sup>	95.1%	88.0%	91.1%
I would rather deal with the side effects of HCV treatment than have HCV. <sup>3,5</sup>	81.6%	69.8%	74.9%

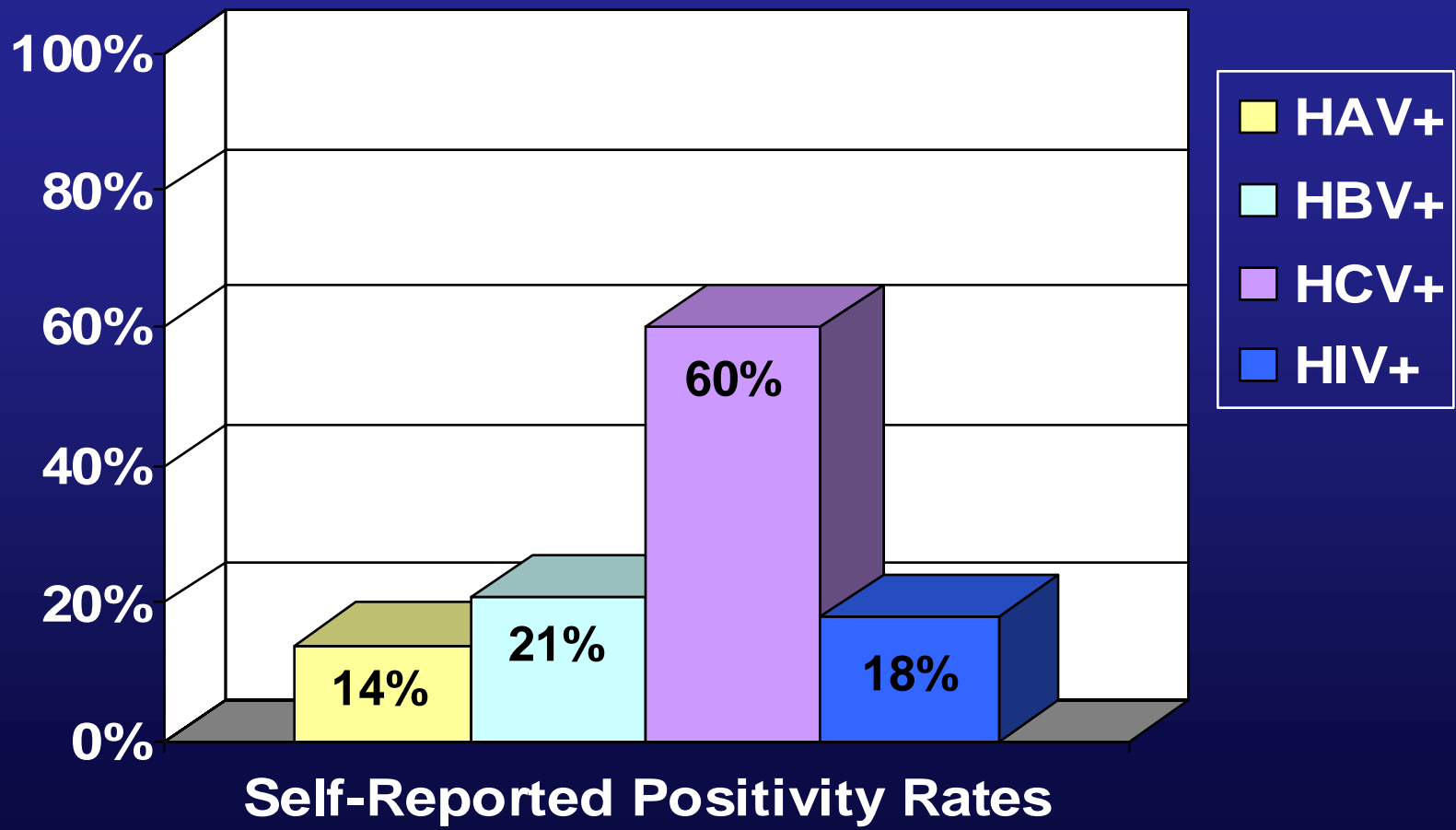
<sup>1</sup>Clients who either “agreed” or “strongly agreed” with the statement.

<sup>2</sup>p<0.0001, <sup>3</sup>Limited to HCV+ clients (n~610), <sup>4</sup>p<0.01, <sup>5</sup>p<.001.

# Self-Reported Testing History



# Self-Reported Positivity Rates<sup>1</sup>



<sup>1</sup>Limited to clients who were ever tested.

# HCV Testing and Status History

	SEPs (n=615)	MMTP (n=790)	Total (n=1405)
<b>Ever Tested for HCV<sup>1</sup></b>			
Yes	73.5%	73.0%	73.2%
No	18.7%	8.1%	12.7%
Unknown	7.8%	18.9%	14.0%
<b>Self-Reported HCV Status<sup>2,3</sup></b>			
HCV Positive	59.0%	60.1%	59.7%
HCV Negative	35.0%	38.1%	36.7%
Unknown	6.0%	1.7%	3.6%

<sup>1</sup>p<0.0001, <sup>2</sup>Limited to clients who were ever tested, <sup>3</sup>p<0.001.

# HIV Testing and Status History

	SEPs (n=615)	MMTP (n=788)	Total (n=1403)
<b>Ever Tested for HIV</b>			
Yes	98.2%	97.2%	97.6%
No	1.6%	1.8%	1.7%
Unknown	0.2%	1.0%	0.6%
<b>Self-Reported HIV Status<sup>1,2</sup></b>			
HIV Positive	14.7%	20.8%	18.1%
HIV Negative	84.3%	78.7%	81.2%
Unknown	1.0%	0.5%	0.7%

<sup>1</sup>Limited to clients who were ever tested, <sup>2</sup>p<0.001.

# HAV Testing and Vaccination History

	SEPs (n=614)	MMTP (n=784)	Total (n=1398)
<b>Ever Tested for Hepatitis A<sup>1</sup></b>			
Yes	55.7%	56.8%	56.3%
No	27.2%	12.1%	18.7%
Unknown	17.1%	31.1%	25.0%
<b>Hepatitis A Positive<sup>2</sup></b>	14.9%	12.6%	13.6%
<b>Ever Vaccinated for Hepatitis A<sup>1</sup></b>			
Yes	36.2%	32.8%	34.3%
No	49.1%	23.5%	34.7%
Unknown	14.6%	43.7%	31.0%

<sup>1</sup>p<0.0001, <sup>2</sup>Limited to clients who were ever tested.

# HBV Testing and Vaccination History

	SEPs (n=614)	MMTP (n=785)	Total (n=1399)
<b>Ever Tested for Hepatitis B<sup>1</sup></b>			
Yes	61.6%	55.2%	58.0%
No	23.6%	12.4%	17.3%
Unknown	14.8%	32.5%	24.7%
<b>Hepatitis B Positive<sup>2,3</sup></b>	24.3%	17.8%	20.8%
<b>Ever Vaccinated for Hepatitis B<sup>1</sup></b>			
Yes	39.4%	31.9%	35.2%
No	46.9%	23.2%	33.5%
Unknown	13.7%	44.9%	31.3%

<sup>1</sup>p<0.0001, <sup>2</sup>Limited to clients who were ever tested, <sup>3</sup>p<0.05.

# Why Not Tested/Vaccinated?

---

---

Most commonly reported reasons for *not* getting tested and/or vaccinated for hepatitis A, B and/or C included:

- not knowing should be tested/vaccinated,
- not being offered testing/vaccination,
- not knowing about hepatitis or that testing/vaccinations were available.



# Drug Use Behaviors

	<b>SEPs</b> (n=612)	<b>MMTP</b> (n=792)	<b>Total</b> (n=1402)
Ever Injected Drugs <sup>1</sup>	64.9%	57.0%	<b>60.4%</b>
Injected Drugs in the Past 12 Months <sup>2</sup>	40.2%	17.2%	<b>27.2%</b>
Took Methadone in the Past 12 Months <sup>2</sup>	61.2%	99.8%	<b>83.0%</b>

<sup>1</sup>p<0.01, <sup>2</sup>p<0.0001.

# Drug Use Behaviors by Gender

	<b>Male (n=814)</b>	<b>Female (n=553)</b>
Ever Injected Drugs <sup>1</sup>	<b>63.8%</b>	54.7%
Injected Drugs in the Past 12 Months <sup>2</sup>	<b>32.8%</b>	18.7%
Took Methadone in the Past 12 Months <sup>2</sup>	79.5%	<b>88.1%</b>

<sup>1</sup>p<0.001, <sup>2</sup>p<0.0001.

# Drug Use Behaviors by Race/Ethnicity

	Hispanic (n=894)	Black (n=367)	White (n=83)
Ever Injected Drugs <sup>1</sup>	62.6%	51.1%	75.9%
Injected Drugs in the Past 12 Months <sup>1</sup>	31.4%	15.3%	38.3%
Took Methadone in the Past 12 Months <sup>2</sup>	83.8%	77.6%	91.6%

<sup>1</sup>p<0.0001, <sup>2</sup>p<0.01.

# Drug Use Behaviors

## Odds Ratios (95% C.I.)<sup>1</sup>

	HCV+ (n=460) <sup>2</sup>	HIV+ (n=54) <sup>2</sup>	HCV+/ HIV+ (n=146) <sup>2</sup>
Ever Injected Drugs	14.7 <sup>3</sup> (10.5, 20.5)	1.7 <sup>4</sup> (1.3, 2.4)	4.5 <sup>3</sup> (2.6, 7.9)
Injected Drugs in Past 12 Months	3.1 <sup>3</sup> (2.2, 4.2)	0.8 (0.5, 1.1)	0.8 (0.5, 1.2)
Took Methadone Past 12 Months	3.1 <sup>3</sup> (2.1, 4.4)	1.2 (0.8, 1.8)	2.0 <sup>5</sup> (1.1, 3.7)

<sup>1</sup>C.I.=confidence intervals, <sup>2</sup>Limited to clients who were ever tested, <sup>3</sup>p<.0001, <sup>4</sup>p<0.001, <sup>5</sup>p<0.05.

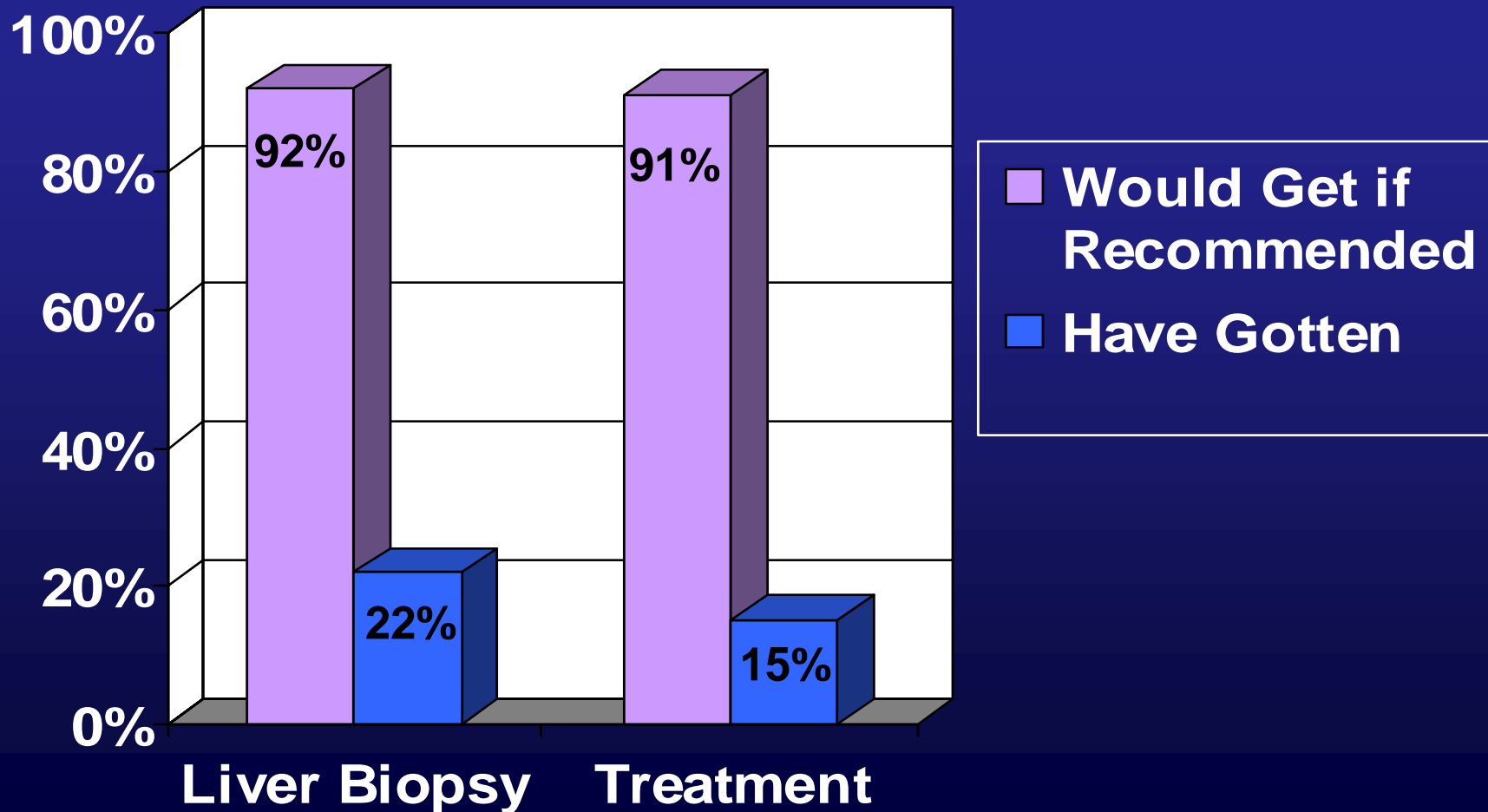
# HCV+ Client Treatment Readiness

---

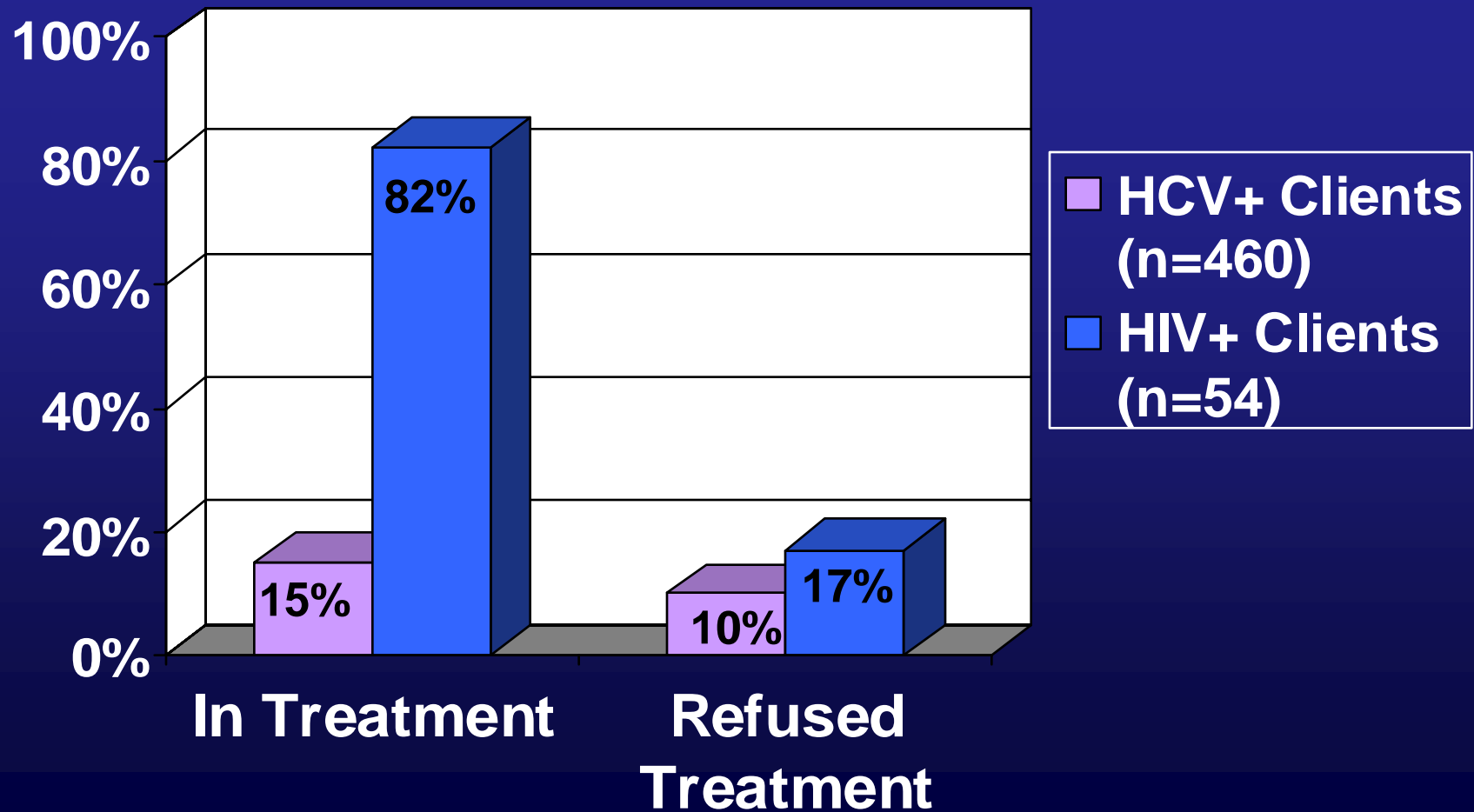
---

- 76% discussed treatment with a health care provider.
- 62% stated they were ready for treatment now or in the near future.
- 30% decreased alcohol consumption after HCV diagnosis.

# Intentions versus Behavior HCV+ Clients (n=460)



# Treatment Rates HCV+ and HIV+ Clients



# Conclusions

---

---

- Moderately knowledgeable about hepatitis.
- Favorable attitudes toward hepatitis testing, vaccinations and treatment.
- Clients in SEP and MMTP settings have higher rates of HCV than HIV.
- Hepatitis services are accessed at much lower rates than HIV services.



## Conclusions (continued...)

---

---

- Hepatitis vaccinations and testing should be encouraged among this population.
- Increasing access to hepatitis education, vaccinations, testing and treatment services should also be made readily available to this population.

## Conclusions (continued...)

---

---

- Make sure clients understand what they are being tested and/or vaccinated for.
- Follow-up with clients to ensure they receive and understand their test results.
- SEPs and MMTP clinics are ideal settings to provide education and implement hepatitis testing, vaccinations and services for clients.

# Acknowledgements

---

---

## Collaborating Partners:

- New York Harm Reduction Educators
- St. Ann's Corner of Harm Reduction
- Albert Einstein College of Medicine

# Information

---

---

Kirsten Rowe

Office of Program Evaluation and Research

New York State Department of Health

AIDS Institute

Riverview Center - 150 Broadway - Suite 516

Menands, NY 12204

[kas11@health.state.ny.us](mailto:kas11@health.state.ny.us)

(518) 402-6814