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Hepatitis C knowledge and treatment willingness in individuals admitted to the Urban Health Unit, St. Paul's Hospital, Vancouver.

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Background

- Treatment of hepatitis C virus (HCV) infection with direct acting antivirals is simple, safe, and effective and is now universally covered in BC.
- More knowledge about HCV and DAA availability may lead to improved engagement in care.
- Hospitalization presents an opportunity for to engage individuals in HCV awareness, and may serve to as a link to outpatient HCV care.
    - The availability of shorter DAA regimens may allow therapy during extended hospital stays for other conditions.
- We surveyed inpatients living with HCV and HIV/HCV to identify knowledge gaps and willingness to consider HCV treatment.

Methods

- A prospective survey study was undertaken between May 2018 and March 2019.
- Individuals identified as being HCV antibody positive by their admitting medical service were offered participation.
    - Sample size calculation to detect 60% willingness to consider HCV treatment with +/- 10% precision and α 0.05, revealed a minimum required sample of 103 participants.
- HCV knowledge was assessed with true/false statements derived from previously published work and HCV treatment willingness (only in untreated individuals) using a Likert scale.
- Outcomes were compared between HIV/HCV co-infection and HCV mono-infection.

Results

- 109 patients participated in the survey over the study period.
- Patient demographics are listed in Table 1. No statistical differences between groups were identified.
- HCV knowledge was generally high (mean 64.5% correct answers) (Table 2).
    - No statistical differences were identified between groups.
- Overall 45.2% of co-infected participants vs. 21.8% reported prior HCV therapy/ spontaneous clearance (p. 0.01)
- HCV treatment readiness is displayed in Table 3.
    - No statistically significant differences were found in knowledge or treatment willingness responses between HIV/HCV co-infection and HCV mono-infection.

Table 1 Participant Demographics

Demographic	Total cohort (n=109)	HCV mono-infection (n=55)	HIV/HCV co-infection (n=53)
Age (median, [Q1, Q3])	50 (43, 57)	50 (36, 58)	50 (46, 56)
Sex (%)			
Male	60.6	61.8	58.5
Female	39.4	38.2	41.5
Ethnicity (%)			
Caucasian	61.5	67.3	56.6
Indigenous	34.9	29.1	39.6
Education (%)			
Less than high school diploma	35.8	36.4	35.9
High school diploma	44.0	41.8	45.3
Greater than high school	18.4	21.8	15.1
Other	1.8	0.00	3.7
Place of residence (%)			
Apartment	31.2	20.0	41.5
Single Room Occupancy Hotel	28.4	30.9	26.4
Other	40.4	49.1	32.1
Income Source (%)			
Welfare/Disability	83.5	76.4	90.5
Other	16.5	23.6	9.4
Recent Drug Use (last month) (%)	88.1	89.1	86.8

Table 2 HCV Transmission and Treatment Knowledge

True/False Statement	HIV/HCV co-infection (n = 53) % correct	HCV mono-infection (n= 55) % correct
Using clean needles, syringes and equipment reduces the risk of being infected with hepatitis C.	84.9	85.4
HCV can be spread to others by sharing crack-cocaine pipes or cocaine straws.	56.6	54.5
HCV can be spread to others by sharing drinks from the same glass.	41.5	49.1
Currently, HCV treatment usually requires 1 pill/day for 2-3 months.	56.6	58.1
Currently, some people require weekly injections for 6+ months to cure their HCV.	18.8	21.8
People who are currently injecting drugs can be started on treatment for HCV.	62.2	54.55
Once hepatitis C has been cured, people could catch it again if they still share needles	67.9	72.3

Table 3 HCV treatment willingness (n=73)

Statement	HIV/HCV co-infection % Agree or Strongly Agree	HCV mono-infection % Agree or Strongly Agree
I would like to be treated for HCV.	39.3	58.1
I would be willing to consider treatment for HCV within the next year.	39.3	54.5
Treating my other illnesses right now would be more important than treating my HCV.	28.2	40.8
My substance use will get in the way of me taking treatment for my HCV.	30.1	39.9
It would be helpful if people were connected with a HCV treatment program for when they get discharged from hospital.	35.7	47.1
It would be helpful to start on HCV therapy while in hospital.	35.8	59.9
If I was started on HCV treatment during my hospital stay, I would be willing to continue treatment once discharged.	37.6	58.1

Conclusions

- HCV knowledge in hospitalized patients with HCV is high, but treatment willingness is moderate .
- Accurate knowledge regarding DAA/Interferon free therapy is poor.
- HIV/HCV co-infected individuals more likely to report prior HCV therapy than HCV mono-infection.
- Willingness to be offered referral to outpatient HCV care, or start HCV therapy in hospital was relatively high amongst HCV mono-infected individuals.
- Hospitalization presents a unique opportunity to start education, connect to HCV care teams, and potentially initiate therapy.

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