HCV Continuum of Care among Sex Workers Living with and Affected by HIV, 2010-2013: Need for Increased Access to HCV Services Alongside HIV Prevention Efforts

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Background

- Recent advances in viral hepatitis C (HCV) therapeutics have turned HCV, a major global health problem, into a highly curable disease.
- HCV eradication leads to reduced morbidity and mortality, as well as decreased transmission.
- Women who use drugs and engage in sex work bear a disproportionate burden of HCV infection.
- Data on the HCV care continuum, including access to HCV testing, and access to care and treatment among women sex workers remains negligible.

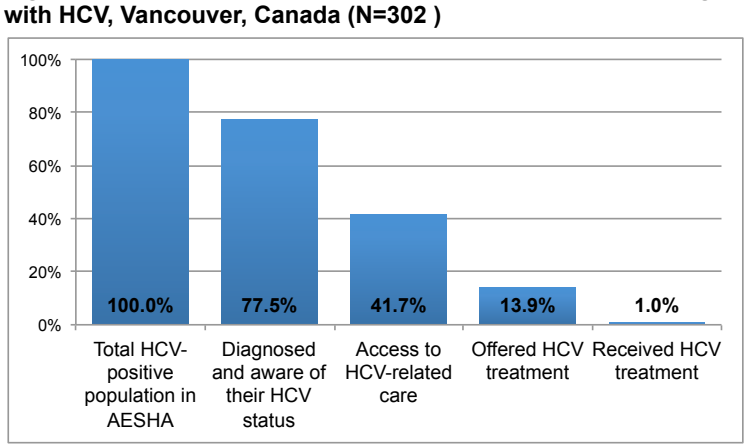
Methods

- Baseline data were drawn from an ongoing prospective cohort of women sex workers (trans inclusive) recruited across Metropolitan Vancouver ("An Evaluation of Sex Workers' Health Access" [AESHA]) between 01/2010-08/2013.
- Based on 705 SWs who accessed voluntary HCV testing at baseline, we assessed overall HCV burden, awareness of HCV status and access to the HCV continuum of care within the last year.
- Bivariate and multivariable logistic regression analyses were used to evaluate associations with recent voluntary HCV testing (in the last year) among sex workers who self-reported being HCV-seronegative at their baseline visit interview or who acquired HCV less than one year before the date of their baseline visit.

Results

- 302 (42.8%) women tested positive for HCV (HCV-Ab+) at baseline:
  - Median age: 36 years (IQR: 29-43)
  - Indigenous/Aboriginal ancestry: 51.7% (n=156)
  - Sexual/gender minority: 33.1% (n=100)
  - Recent use of non-injection drugs: 93.1% (n=281)
  - Recent use injection drugs: 74.5% (n=225)
  - Primarily solicit clients in public spaces: 77.8% (n=235)

Figure 1. HCV continuum of care for female sex workers living with HCV, Vancouver, Canada (N=302)



- 552 women self-reported being HCV-seronegative within one year of enrolment:
  - 420 HCV-seronegative at baseline
  - 132 newly diagnosed with HCV in the year prior to enrolment
- 292 (52.9%) reported having an HCV test in the last year.

Table 1. Multivariable logistic regression model of factors associated with recent HCV testing among self-reported HCV negative female sex workers in Vancouver Canada (N=552)†

Variable	Adjusted Odds Ratio (AOR)	95% Confidence Interval (CI)	*p* - value
Sexual/gender minority (yes vs. no)	1.89	(1.11 – 3.24)	**0.020**
Non-injection drug use (yes vs. no)	1.95	(1.01 – 3.78)	**0.048**
Injection drug use* (yes vs. no)	2.00	(1.19 – 3.34)	**0.008**
Immigrant to Canada (yes vs. no)	0.24	(0.12 – 0.48)	**<0.001**
Place of residence* (Ref: Downtown Eastside	3.19	(1.78 – 5.73)	**<0.001**
Homeless	1.03	(0.50 – 2.12)	0.928
Higher number of clients* (yes vs. no)	0.67	(0.43 – 1.06)	0.088
Recent incarceration* (yes vs. no)	1.87	(0.95 – 3.67)	0.069

* Refers to the six month period prior the baseline interview
† Only the final list of variables included in the model with the best overall fit (i.e., lowest AIC value) are shown. Aboriginal ancestry, HIV status, primary place of soliciting clients, client-perpetrated violence, inconsistent condom use by clients, and peer support were included in the full model, but removed in the backwards selection approach

Conclusions

- We observed a high burden of HCV among women sex workers, primarily among those who use injection and non-injection drugs
- Study results suggest large gaps in the HCV continuum of care among sex workers, including:
  - Low rates of accessing HCV testing (≅50%)
  - High rates of unawareness of HCV status (>⅕)
  - Negligible rates of access to HCV treatment (≅1%)
- Given known structural and individual barriers to healthcare for sex workers and women who use drugs, there is a critical need for further research to better understand and address barriers to engage in the HCV continuum. Such approaches should include peer/sex work-led outreach and support, harm reduction and addiction management (e.g., OST).

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