



People Who Inject Drugs Can Be Linked to Hepatitis C Treatment During Hospitalization

Initiating HCV treatment during a hospital stay helped more people complete antiviral treatment and achieve a cure.

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Starting antiviral treatment for [hepatitis C virus \(HCV\)](#) during hospitalization, with follow-up care via telehealth, increased the likelihood that people who use drugs would complete the course of therapy and be cured, according to study findings published in the [Journal of General Internal Medicine](#).

“This model was successful in engaging a difficult-to-reach patient population with a high prevalence and incidence of HCV infection,” L. Madeline McCrary, MD, of the University of North Carolina, Chapel Hill, and colleagues concluded. “This approach may be generalizable to other hospitalized patients with HCV and prolonged admissions.”

People who inject drugs are at [higher risk for contracting hepatitis C](#), making them a target group for direct-acting antiviral therapy. However, providing treatment and ensuring completion of therapy can be difficult. In the past, researchers have found that [HCV testing at safe injection sites](#) and [integrating testing with care](#) have shown promising results.

McCrary and colleagues sought to improve retention rates for hepatitis C therapy among hospitalized people who inject drugs. Their main outcome was treatment completion, but the researchers also noted whether participants received an e-consult appointment, were linked to care, initiated therapy and were successfully treated.

To begin with, the researchers analyzed the care cascade for people who inject drugs who were hospitalized at the University of North Carolina Medical Center and diagnosed with HCV. During the study period, from August 2021 through August 2022, 28 people were found to have detectable HCV RNA, indicating active infection. The average age was 33 years, and 82% were white.

These individuals were initially admitted for conditions such as osteomyelitis and endocarditis that required extensive antibiotic treatment, with the average hospital stay lasting 23 days. Nearly two thirds (61%) were uninsured and needed antiviral medications subsidized by drug manufacturers.

Some 93% began treatment for opioid use disorder while hospitalized.

The team found several shortcomings in the care pathway, including inadequate testing, lack of access to HCV therapy for uninsured people and lack of transport to appointments. In response, the researchers developed a protocol to ensure that testing and vaccinations were done during hospitalization. Moreover, they completed paperwork for patients to ease the transition to telehealth following hospital discharge. As part of the e-consult phase, the team analyzed lab reports, conducted imaging, prescribed medications and recommended any additional required testing and vaccination.

Of the 28 participants, 82% were linked to care, and 73% started antiviral therapy for HCV. Eleven people initiated hepatitis C treatment while hospitalized, eight did so after discharge and nine were lost to follow-up or transferred to care elsewhere. Overall, of the 19 people who began antiviral therapy, 52% completed treatment.

Of the 11 people who initiated HCV therapy while hospitalized, eight (73%) completed treatment and most of them achieved a sustained virological response, or undetectable HCV RNA at 12 weeks after completion of treatment, which is considered a cure. In contrast, of the 17 participants who did not begin HCV treatment in the hospital, 12 (71%) were linked to care, eight (53%) began antiviral therapy, five (36%) completed treatment and four were cured.

“Beginning the process of HCV treatment during hospitalization was feasible and effective in curing HCV among inpatients with injection-drug-related medical complications,” wrote the researchers. “Our model demonstrated that inpatient care coordination and, when possible, inpatient initiation of direct-acting antivirals, resulted in high rates of treatment initiation and cure.”

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