Many Youths Diagnosed With Hep C Had Limited Knowledge of Their Risk

An analysis of newly diagnosed youths in California found they had limited access to opioid-related harm reduction services.

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As the opioid epidemic drives up new hepatitis C virus (HCV) cases among young people, survey data from newly diagnosed youths in California indicate that they were often unaware of their risk for the virus. Additionally, these individuals typically lacked access to opioid-related harm reduction services.

Between 2014 and 2016, the annual rate of newly reported cases of hep C increased by 50% among 15- to 29-year-olds in California. While national data suggest that this surge was likely a result of increasing opioid use among young people, most of California's 61 local health jurisdictions do not routinely investigate newly reported HCV infections, leaving the risk factors associated with these infections unknown.

Seeking to shed greater light on such risk factors, researchers at the California Department of Public Health used surveillance data covering June to December 2018 to identify newly reported cases of HCV among people 15 to 29 years old in eight local health jurisdictions, including three urban and five rural areas. The investigators contacted these young people by phone to assess their demographics, HCV risk history and access to HCV preventive services and medical care.

Alison Ohringer, MPH, MS, of the California Department of Public Health, presented findings from the analysis at The Liver Meeting, the annual meeting of the American Association for the Study of Liver Diseases, in Boston this month.

Out of 472 eligible young people, 114 (24%) responded to the questionnaire. They had an average age of 26 years old. Eighty-seven percent were heterosexual, 68% were white and 48% were female. Fifty-seven percent had completed high school, and 27% had completed college. Forty percent were unemployed, and 36% were employed full-time.

Eighty-seven percent of the respondents were currently insured; 57% of these were receiving coverage through a private plan, a parent's plan or an employer's plan; and 32% were receiving Medicaid. Fifty-eight percent were not currently seeing a health care provider for hep C, 96% had never taken direct-acting antiviral medications for the virus and 16% had experienced an acute

case of the virus with jaundice, elevated liver enzymes or other symptoms of acute infection.

Just 33% of the respondents thought they were at risk for HCV before being diagnosed.

Twenty-seven percent of the respondents had ever been incarcerated for more than 24 hours. Within that group, 29% had received a tattoo or piercing while incarcerated, and 39% injected drugs while incarcerated, with all of them sharing injection equipment.

Of the 54% of participants who reported drug-related risk factors, 72% reported using drugs in the past year; 67%, 53% and 49% reported ever injecting, smoking and snorting drugs, respectively. Twenty-six percent had knowledge of syringe service programs, and 25% had ever used such a program.

Of the 36% of the respondents who reported ever injecting drugs, 83% said they had ever witnessed an overdose, 63% said they had ever had access to the overdose-reversing drug Narcan (naloxone) while injecting and 44% said they had needed Narcan during an overdose but did not have it.

Those who reported injecting drugs provided information on the drugs they injected most often, which for 73% of the respondents included heroin, for 44% included crystal meth, for 10% included fentanyl, for 10% included cocaine or crack and for 5% included non-heroin opioids including oxycodone and morphine.

Future investigation, the study authors concluded, is needed to shed light on why young people face such high barriers to care and treatment for HCV.

To read the conference abstract, click here.

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