THE BURDEN OF HCV INFECTION AMONG PWID

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The major route of hepatitis C virus (HCV) infection in high income countries, and in an increasing number of low and middle income countries, is injecting drug use. Global estimates of the number of people who inject drugs (PWID) range between 11 and 22 million, and most countries report the prevalence of HCV infection in this population to be above 50%. These estimates, however, relate to individuals who have recently injected drugs, and don't include the likely far greater number of individuals who have ceased injecting (either temporarily or permanently). A large proportion of people who acquired HCV through injecting will have been infected for two or more decades and are now presenting with advanced liver disease complications. Internationally, there is a dearth of surveillance data monitoring sequelae of HCV infection. Countries, which have monitoring systems, report a rising incidence of HCV-related decompensated cirrhosis and hepatocellular carcinoma. Research has shown that although the majority of severe liver disease observed in infected populations can be attributed to chronic HCV, an appreciable fraction cannot. And while antiviral therapy has been deemed effective in reducing severe liver morbidity and mortality in HCV infected populations, a significant excess risk remains among those who clear the virus, associated with other health risk behaviours (known to be prevalent among populations of PWID). Thus, a multi-faceted public health response will be required – which involves scaling-up of HCV antiviral therapy but also increased effort to address the other major health risk behaviours – to dramatically reduce the burden of liver disease among HCV infected populations, particularly those PWID related.