

Syringe Exchange Programs and Hepatitis C

What is hepatitis C?

The hepatitis C virus (HCV) is the most common chronic blood-borne infection in the U.S. Infection with HCV can lead to severe liver disease, potentially resulting in cirrhosis, liver cancer, and end-stage liver disease. HCV is the leading cause of liver transplants in the U.S and a leading cause of mortality among people living with HIV. Approximately 8,000 to 10,000 people die each year in the U.S. due to liver disease caused by hepatitis C, and hepatitis C-related liver disease is now a leading cause of mortality in people with HIV.

Transmission

The great majority of HCV infections are found among people with a history of drug injection, including people who have been incarcerated.¹ HCV is easily transmitted among drug injectors by sharing syringes or other injection paraphernalia (such as cookers, filters)². Hepatitis C is easier to transmit through shared injection equipment than HIV, and HCV is usually the first blood borne virus IDUs acquire.³ As a result, as many as 50-90% of IDUs have been infected with HCV.⁴ Unlike some other forms of viral hepatitis, there is no vaccine to prevent HCV.

According to global estimates from the World Health Organization, approximately 170 million people live with hepatitis C.⁵ In the United States, roughly 4 million people have been infected with hepatitis C.⁶

Syringe exchange programs and hepatitis C prevention

SEPs provide drug injectors with sterile syringes and other equipment ("cookers", filters, sterile water, alcohol swabs) to reduce the risks of sharing injection equipment. A large body of research demonstrates that SEP participants are less likely to engage in high-risk injection behavior that can transmit HIV.⁷ These changes in behavior can also reduce the risk of HCV transmission among IDUs who use SEPs.⁸ SEPs also educate IDUs about HCV risks and prevention and link drug injectors to HCV screening, diagnosis and treatment, including vaccination for other forms of hepatitis. Research on the effectiveness of SEPs in reducing hepatitis C transmission among drug injectors has produced mixed results. However, surveys across several countries indicate that areas with greater syringe access through SEPs have lower rates of hepatitis C among IDUs. A long-range study of drug injectors in New York City found a significant decline in HCV rates from 1990 to 2001, corresponding to a dramatic expansion in syringes distributed by SEPs during this period.⁹

Hepatitis C in the U.S.: high prevalence populations

Current/former IDUs: 50-90%

Injection drug use is the most common route of transmission accounting for



60% of all new infections. HCV infection rates in IDUs range from 50% to 90%.¹⁰

Homeless: >40%

There is limited data revealing the HCV prevalence among homeless individuals. One study collected from homeless veterans in a VA shelter from 199-2000 found a prevalence rate of 41.7%.¹¹

Prisoners: 30-40%

Of the 1.8 million people incarcerated in the U.S., 30-40% are infected with HCV.¹² A 1994 study of 4,513 inmates in California revealed that 39.4% of the men and 53.5% of the women had HCV.¹³

HIV+ people: 25-30%

Approximately one third of all HIV-infected people in the US are co-infected with HCV.¹⁴ Since HIV and HCV share similar transmission routes, co-infection is common particularly among injection drug users.

Veterans: 6.6 -17.7%

In 1999, research from the Veteran's Health Administration (VHA) found that 6.6% of participants had HCV.¹⁵ Another study in San Francisco's Veteran's Affairs Medical Center estimated HCV prevalence at 17.7%.¹⁶

Centers for Disease Control and Prevention Recommendations

CDC's National Hepatitis C Prevention Strategy recognizes that HCV is both a preventable and a treatable disease. CDC recommendations for IDUs include education, testing and medical referral for treatment, vaccination for hepatitis A and hepatitis B, using sterile syringes only once, and referral to syringe exchange and other harm reduction programs.¹⁷

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