

Expanding Access to Care for Hepatitis C Virus: Considerations for Syringe Services Programs

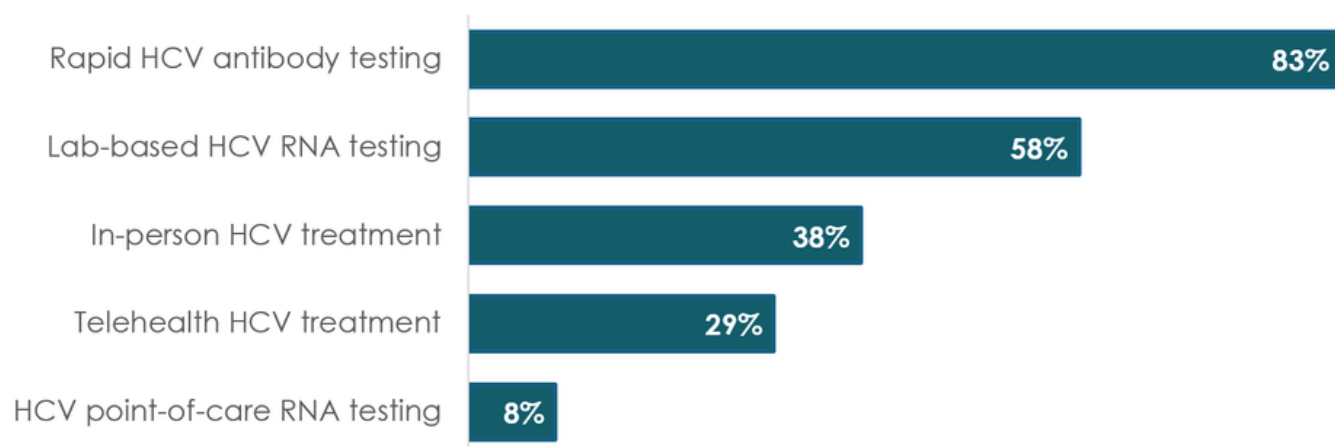
Hepatitis C virus (HCV) remains a significant and ongoing public health issue in the United States, with new infections more than doubling since 2013.¹ Injection drug use is the most commonly reported risk factor among people with new HCV infections.² While HCV prevalence in the overall adult population is estimated at approximately 1%, prevalence among people who inject drugs is estimated to be as high as 60%.³⁻⁴ HCV treatment among people who have a history of injection drug use has remained low despite the availability of highly effective, well-tolerated, direct-acting antiviral therapies that can cure more than 95% of cases.^{5,6} Without treatment, chronic HCV infection can cause serious health complications, such as cirrhosis and liver cancer.⁷ Untreated HCV among people who use drugs may be due to challenges like difficulty navigating complex health care systems, lack of insurance or high cost of care, limited transportation, housing instability, stigmatizing experiences in health care settings, and discrimination related to sobriety requirements or treatment access.⁸⁻¹⁰

Syringe services programs (SSPs) primarily serve people who use drugs who may not otherwise access medical care in traditional health care settings. SSPs offer a range of evidence-based services, including safer drug use equipment distribution, overdose prevention education and naloxone distribution, vaccinations, and infectious disease testing. SSPs are associated with an estimated 50% reduction in HIV and HCV incidence and are uniquely positioned to expand access to HCV-related services.² Most SSPs that responded to the National Survey of Syringe Services Programs (74%) reported providing at least one type of HCV testing service (e.g., rapid antibody, laboratory-based RNA, or point-of-care RNA testing) in 2024 and about one third (34%) reported providing HCV treatment in person; more than half (65%) also reported providing navigation to HCV care elsewhere.¹¹ To better understand how these services are implemented, we interviewed staff members from 24 SSPs representing different organizational types and regions across the United States. Insights from these interviews, along with other research and expert guidance, are summarized below.

HOW IT WORKS

HCV care typically involves several steps, including screening, diagnosis, linkage to care, and treatment.¹² SSPs may offer different types of HCV testing, including rapid HCV antibody testing, laboratory-based HCV RNA testing, or HCV point-of-care RNA testing. Rapid HCV antibody testing typically uses a fingerstick blood sample to identify prior exposure to the virus. Individuals who screen positive then require laboratory-based HCV RNA testing, which involves sending blood samples to a laboratory for processing. Alternatively, HCV point-of-care RNA testing uses a rapid molecular testing platform to detect HCV RNA and confirm active infection, allowing clinicians to make a diagnosis during the same visit.¹³ Individuals may need to complete additional steps before starting treatment, such as obtaining a medical evaluation, meeting with a treatment clinician, and picking up medication from a pharmacy. Among interviewed SSPs, rapid HCV antibody and lab-based HCV RNA testing were the most commonly offered HCV services (**Figure 1**).

Figure 1. HCV Services Provided by Interviewed SSPs



The way SSPs offer services (e.g., directly or through partnerships with external clinicians) along the HCV care continuum can vary based on resources such as funding, staffing, and infrastructure.

- **On-site testing with navigation to treatment.** More than half the SSP staff interviewed use this model at their program. SSP staff provide HCV testing and education and then refer participants with a positive test to external clinicians for additional testing and treatment. Rapid HCV antibody testing was the most-reported type of testing service offered, in part because it can be conducted by trained SSP staff and does not require a clinical license. SSP staff typically offer testing at intake or alongside core services during routine visits. SSP staff conduct testing in a private space and use that time to complete risk assessments, provide education on preventing HCV, and discuss next steps if a test is positive. While the extent of follow-up and care **navigation** provided by SSP staff can vary, staff reported at minimum supporting participants in scheduling an appointment with a trusted clinician. Additionally, SSPs align their coordination efforts with participant needs and their willingness to engage in additional services.

When HCV testing or treatment is not available at an SSP through SSP staff or a partner, programs offer **navigation** services to connect participants to trusted clinicians for those services elsewhere. Depending on participant needs and program capacity, SSP staff may also provide ongoing follow-up and care coordination to help participants navigate challenges and stay engaged in treatment. Most interviewed SSPs (88%) offer navigation to HCV services. SSP staff described using a range of strategies to help participants start and complete HCV treatment:

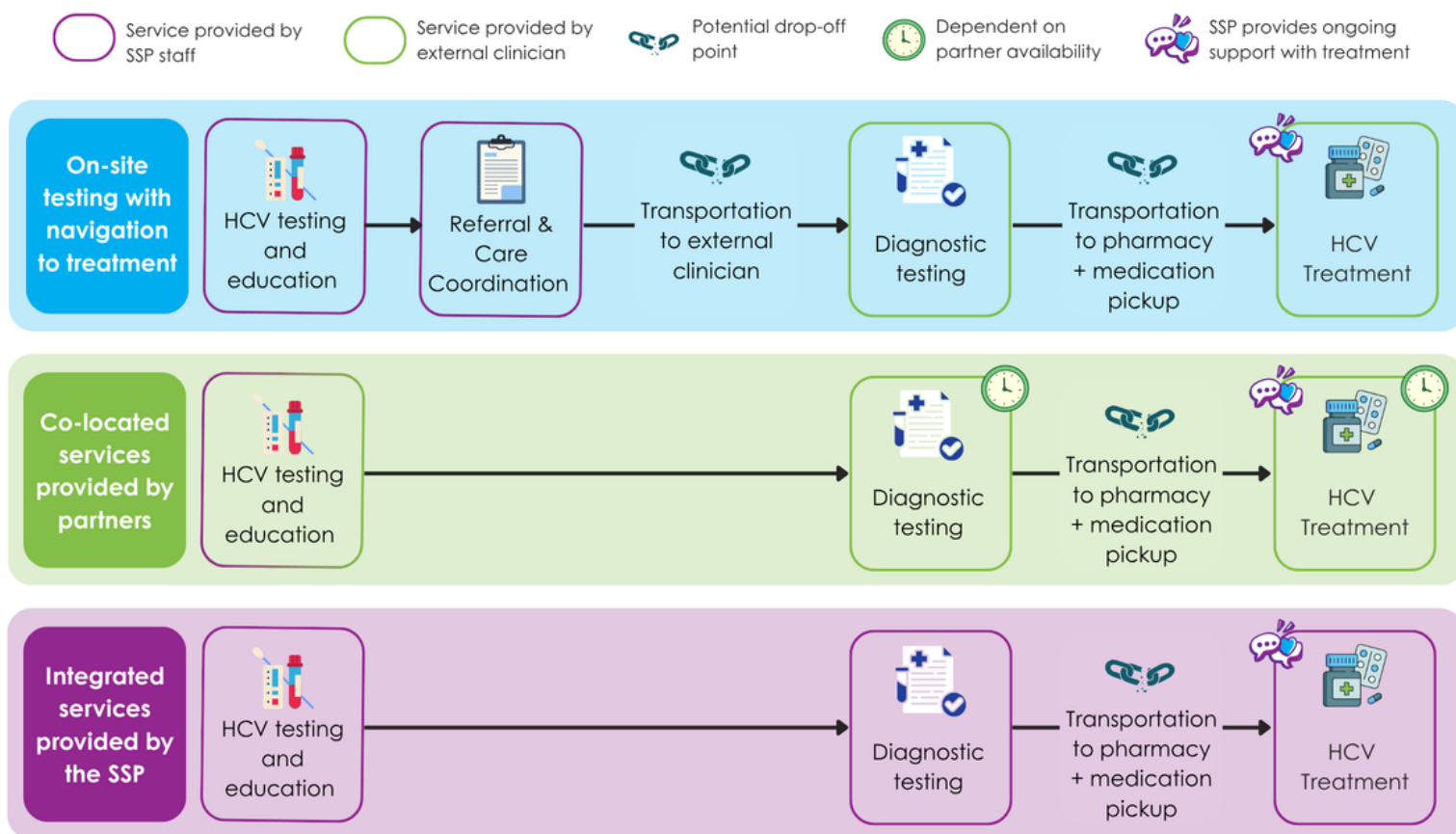
- Connecting participants with staff or peers with lived experience with HCV who could share their own treatment experiences, answer questions, reduce stigma, and make treatment feel more approachable
- Offering gift cards, recreational center passes, or t-shirts as incentives for testing
- Scheduling appointments and providing reminders
- Arranging transportation
- Accompanying participants to visits
- Following up with clinicians to facilitate care
- Offering medication support (e.g., receiving, storing, or managing it for participants without stable housing to help prevent treatment disruptions or medication loss)
- Helping cover costs associated with care
- Providing encouragement and support throughout treatment



Among SSPs that offer HCV treatment services, two common approaches emerged: Co-located services provided through partnerships with external clinicians and fully integrated services delivered by SSP or parent organization staff. Each approach aims to improve access to the full continuum of HCV care while leveraging different staffing and organizational resources.

- **Co-located services provided by external partners.** Some SSP staff partner with external clinicians or organizations to deliver HCV services through fixed sites or mobile methods, allowing participants to access a wider variety of key services in one spot. In some cases, SSP staff conduct testing and, when a participant tests positive, connect them directly to a clinician available on-site from a partner organization to immediately follow up, increasing the likelihood that participants get connected to care. In other cases, external clinicians provide both testing and treatment at the SSP. Clinical partners may not be available during all service hours, requiring coordination to facilitate access to testing and treatment. Some programs reported collocating services through telehealth to reduce barriers related to clinician availability and transportation to additional off-site appointments.
- **Integrated services provided by the SSP.** Some SSP staff use an integrated model where the SSP or parent organization provides both HCV testing and treatment services, allowing participants to access multiple services from a single, familiar organization. In this model, SSP staff who are clinically licensed or a clinician at the parent organization confirm an HCV diagnosis for participants who test positive and provide them with treatment. Staff at some SSPs using a different model described interest in hiring licensed clinical staff to expand into an integrated approach and increase treatment capacity within their program.

SSP Models for Implementing HCV Care



*Medication dispensing varies by program. Prescriptions are typically filled through an external pharmacy, though some integrated healthcare organizations may provide onsite pharmacy services.



THE SSP ADVANTAGE

SSPs can deliver HCV services in accessible and responsive ways to meet participants' needs. Research with people who use drugs highlights several advantages of SSPs, including non-stigmatizing environments and acceptability as settings for testing and care.¹⁴ A key advantage of SSPs is the trust and relationships staff build with participants over time. SSP staff described how these connections can reduce hesitancy about HCV testing and treatment, especially for individuals who have experienced stigma in traditional health care settings. To help participants feel safe accessing clinical care, SSP staff often vet and build partnerships with clinicians committed to delivering respectful care and treating patients with dignity. By connecting participants with trusted clinicians, staff help bridge the gap between community-based services and clinical treatment.

We have the strongest rapport. I'll reassure people like, 'Our coworkers upstairs, they're nice, they're awesome, they're amazing. You can trust them.' But people have been through a lot, and it makes sense why they don't trust providers that they don't know or that they're more hesitant.

—Health care organization in the Midwest

SSPs also offer convenience and comfort by offering participants testing alongside other services they are already receiving. This helps participants avoid having to coordinate care across multiple providers or visit unfamiliar settings. SSP staff noted that offering services in a familiar, trusted environment can make participants more willing to ask questions, seek testing, and consider treatment. Additionally, features like walk-in availability, person-first engagement, and low-barrier access are particularly important for supporting participation in HCV care.

CHALLENGES AND OPPORTUNITIES

SSPs described a range of challenges and opportunities related to implementing HCV services, fostering participant interest and engagement, and supporting participants through the testing-to-treatment pathway.

Participant interest. Participant engagement with HCV services may be shaped by their understanding of HCV risk, competing priorities, insurance status, stigmatizing experiences in traditional health care settings, and trust in available clinicians. Staff shared that some participants are hesitant to seek care from unfamiliar clinicians or visit new locations for testing or treatment, while other participants may not view this as an immediate priority compared to other vital needs like securing housing or food. To improve engagement in services, SSP staff indicated leveraging their ongoing relationships with participants and, when possible, offering services in person or accompanying participants to appointments. Staff also noted that misconceptions, such as participants believing they cannot take treatment while actively using substances, can be a barrier. Providing education and supportive services or incentives can increase interest in testing and treatment.

We would check in with them to see how they're doing [and] assess what their health insurance looks like in order to determine what [treatment] options to provide. Then we would leave it up to them to really guide the conversation. We would say, 'Hey, these are the referral sources that we trust and that we work with...we would be happy to help you organize transportation to get down there and then continue your follow-ups virtually.'

—Community-based organization in the West





Program capacity. Lack of funding, staffing, and infrastructure are common barriers to implementing and sustaining HCV services. Specifically, SSP staff described challenges securing ongoing funding as well as retaining trained staff to provide testing and education. SSP staff also highlighted space constraints in mobile settings where privacy can be limited and workflow is complicated. SSP staff identified several strategies they would like to employ to increase their capacity for HCV service delivery, including expanding staff capacity through training and hiring and improving infrastructure to support private and confidential testing spaces and medication storage.



Knowledgeable and trusted clinicians. Identifying and building partnerships with trusted clinicians who are aligned with participant-centered approaches is critical when SSPs cannot implement and offer HCV services on their own. SSP staff described concerns that some external clinicians may lack experience working with people who use drugs, hold stigmatizing attitudes toward substance use, or refuse to treat participants who are actively using drugs, which can discourage participants from engaging in care. To address these barriers, SSP staff emphasized the importance of vetting partners to identify clinicians who are experienced and comfortable working with people who use drugs. Their partnerships often include referrals to trusted clinicians or co-locating services in person or through telehealth to make treatment more accessible. Some SSP staff developed these partnerships through networking opportunities like conferences or summits where organizations connected around shared goals and approaches to care.

[HCV is] a personal topic and [participants] don't want to just let [their testing status or diagnosis] be known to anybody. If they feel comfortable with the staff here, then they're more prone to have the conversation about being tested and all that...it's all about the rapport to me.

—Department of public health in the Midwest



Transition to treatment. The necessary steps after a participant screens positive can create barriers to starting treatment. SSP staff described logistical challenges for diagnostic testing, including the need to process, store, and ship blood specimens, which can delay results. SSP staff also shared that blood draws can be technically difficult even for trained clinical staff, and painful for participants if multiple attempts are made. Beyond testing-related steps, participants may need to attend additional appointments, travel to clinicians or pharmacies located elsewhere, and navigate treatment initiation delays. SSP staff described how some participants' limited or inconsistent access to housing, transportation, or a phone can make it difficult to stay in contact and support ongoing care. Staff also described challenges coordinating with pharmacies, including requirements that participants speak directly with pharmacists before SSP staff can pick up medications on their behalf, which can create additional barriers when participants are difficult to reach. One interviewee said they collect multiple forms of contact information — including for trusted friends or family members and places participants regularly visit — to help maintain communication. Other interviewees highlighted the importance of expanding access to point-of-care HCV RNA testing and strengthening navigation services with external clinicians to address this challenge. SSPs interested in expanding HCV services can refer to this [guidance](#) from the Infectious Diseases Society of America and the American Association for the Study of Liver Diseases for simplified recommendations on HCV testing, treatment, and models of care.

How wonderful it is for people to say, 'Yeah, you guys cured my Hep C,' and it's like, 'No, we didn't. We just put you in the right place at the right time. You did it.'

—Community-based organization in the West



FUNDING SOURCES

SSP staff described a variety of funding sources used to cover the cost of providing HCV testing and treatment services. State and local health departments play a key role in providing funding, especially to cover testing supplies or support pilot initiatives (e.g., to implement HCV point-of-care RNA testing). Some SSPs use grant funding for staffing or testing supplies, while others bill health insurance for laboratory services or rely on clinical partners to do so. To support HCV treatment, many programs depend on partnerships with external clinicians (e.g., hospitals, community clinics, universities) that have secured their own funding to deliver treatment at little or no cost to participants.

Despite these funding mechanisms, programs noted that funding for HCV treatment remains limited and is often dependent on health insurance coverage. Access to HCV treatment can vary by state because of differences in Medicaid coverage policies, prior authorization requirements, and treatment restrictions. SSP staff described challenges navigating these policies, which can delay treatment initiation. To support access to care, some SSP staff help participants understand their coverage options and apply for Medicaid or other health insurance programs. Additional information on state-specific Medicaid policies related to accessing HCV treatment is available through the [Hepatitis C: State of Medicaid Access Report Cards](#).

Programs interested in expanding HCV services may also explore additional funding and partnership opportunities. Organizations such as [AIDS United](#) and the [Comer Family Foundation](#) provide funding for SSPs and other aligned programs to support efforts to reduce HCV transmission among people who use drugs. Programs may also explore partnership opportunities through initiatives such as [Gilead's FOCUS program](#), which provides community-based organizations and health care providers with implementation support to improve and expand HCV screening, diagnosis, and linkage to care. Some clinical partners may also use mechanisms like the federal [340B Drug Pricing Program](#), which supports affordable access to HCV treatment by allowing eligible health care organizations to purchase medications at reduced costs.

ADDITIONAL RESOURCES

For more information about implementing HCV services within your organization, check out National Harm Reduction Coalition's (NHRC's) [Standards of Care for HCV – Tips for Providers](#) fact sheet and its [Talking with Clients About Hepatitis C treatment](#) webinar. You can also visit NHRC's [website](#) or email training@harmreduction.org for more information.

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EXPLORE MORE

HCV care is just one part of a growing range of clinical services offered by SSPs. Scan the QR code to read our companion fact sheet, "Implementing Clinical Services within Syringe Services Programs."

