Background: Global hepatitis C (HCV) elimination will require widespread awareness of people who inject drugs (PWID), especially in low-resource settings, some of which are implementing HCV elimination programs.

Methods: From March 2015 to August 2016, participants enrolled in an ongoing community-based cohort of current and former PWID in Chennai, India. Of the 61 HCV/HIV co-infected participants, only 26 (42.6%) participants were on antiretroviral therapy treatment. In total, 11 (5.1%) initiated treatment and 60% were on interferon-based therapy among PWI.D. Of the 213 HCV-infected participants, 151 (70.9%) were chronically infected.

We observed residual gaps in HCV knowledge especially regarding treatment among PWID in India. Efforts should focus on scaling up treatment in combination with HIV care for this marginalized group. Efforts should focus on scaling up treatment in combination with HIV care for this marginalized group.

CONCLUSIONS

- All participants were male and the median age was 41 (IQR: 34–46). Only 44 (88%) participants identified as Asian. However, the median monthly income was only $902 (IQR: 601–1200).

- Of the 541 participants, 328 (60.6%) were HCV uninfected, 152 (28.1%) were HCV mono-infected and 61 (11.3%) were HCV/HIV co-infected.

- Of the 213 HCV-infected participants, 151 (70.9%) were chronically infected. Of the 61 HCV/HIV co-infected participants, only 26 (42.6%) participants were on antiretroviral therapy treatment.

- We observed residual gaps in HCV knowledge especially regarding treatment among PWID in India. Efforts should focus on scaling up treatment in combination with HIV care for this marginalized group.

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Informed consent was obtained from all study participants. This research was conducted in accordance with the Declaration of Helsinki and its amendments.

FIGURE 1. Self-reported reasons for not seeing a liver specialist who can treat hepatitis C infection.

TABLE 1. Knowledge of HCV disease and treatment status stratified by HCV status.

<table>
<thead>
<tr>
<th>Item from Knowledge Test</th>
<th>HCV mono-infected (n=141)</th>
<th>HCV/HIV co-infected (n=60)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know (n, %)</td>
<td>8 (5.7)</td>
<td>4 (6.7)</td>
<td>1.00</td>
</tr>
<tr>
<td>HIV can get re-infected</td>
<td>117 (83.1)</td>
<td>36 (60.0)</td>
<td>0.001</td>
</tr>
<tr>
<td>Cannot get re-infected</td>
<td>9 (6.4)</td>
<td>24 (40.0)</td>
<td>0.001</td>
</tr>
</tbody>
</table>
| Interferon-based therapy among PWID in India was used. Efforts should focus on scaling up treatment in combination with HIV care for this marginalized group. Efforts should focus on scaling up treatment in combination with HIV care for this marginalized group.

We observed residual gaps in HCV knowledge especially regarding treatment among PWID in India. Efforts should focus on scaling up treatment in combination with HIV care for this marginalized group.