Dr. Lynn Taylor Joins International Colleagues in Calling for Better Management of Hepatitis C Among Drug Users

PROVIDENCE – A Miriam Hospital researcher has joined forces with international colleagues to call for new strategies to better manage and improve assessment and treatment for hepatitis C (HCV) infection in individuals who inject drugs.

LYNN E. TAYLOR, MD, an HIV specialist focusing on HIV and viral hepatitis coinfection at The Miriam Hospital, was the only American physician invited to join the expert international panel that issued these first-of-its-kind recommendations. They were published online July 24th by the journal *Clinical Infectious Diseases*, to coincide with World Hepatitis Day on July 28.

The recommendations are part of a supplement entitled "Prevention and Management of Hepatitis C Virus Infection Among People Who Inject Drugs: Moving the Agenda Forward," developed in collaboration with the International Network on Hepatitis Care in Substance Users.

"In well-resourced parts of the world, most hepatitis C exists among people who currently inject drugs and those who have injected drugs in the past. However, treatment access and uptake among this population remains low – even though we increasingly have effective treatments for hepatitis C, which is a curable disease," said Dr. Taylor.

"Research supporting our recommendations – the first international set ever released for treating hepatitis C in people who inject drugs – demonstrates that treatment can be successful when barriers to care are addressed within a supportive environment," she added. "In fact, the burden of liver disease worldwide could be dramatically reduced by increasing treatment for hepatitis C infection among people who inject drugs, by preventing forward transmission."

An estimated five million people in the U.S. have chronic HCV infection, a liver disease that may result in long-term health problems, including liver scarring, liver failure and liver cancer. According to the Centers for Disease Control and Prevention, approximately 12,000 people die every year from HCV-related liver disease.

Until recently, HCV treatment guidelines excluded people who inject drugs, due to concerns about poor adherence, adverse events and re-infection. However, successful HCV treatment studies among this population have challenged this paradigm. The new international guidelines present evidence-based recommendations for treating HCV among individuals who inject drugs with appropriate evaluation and support.

Dr. Taylor is also lead author on a separate paper, appearing in the same supplement of *Clinical Infectious Diseases*, which focuses on the need for improved HCV care of another subset of the HCV-infected population: those who inject drugs and are also infected with HIV.

Chronic HCV infection has become a leading cause of non-AIDS related illness and death among individuals infected with HIV. Due to overlapping routes of transmission, dual infection is common: in the United States, 30 percent of HIV-infected people have chronic HCV, which is spread via contaminated blood, often through injection drug use. However, newer research suggests it may also be transmitted sexually among HIV-infected men who have sex with other men.

"HIV-infected individuals contending with injection drug use are the *most* likely to be affected by HCV, but the *least* likely to have access to treatment for HCV," said Dr. Taylor. "They should have equal and universal access to HIV/AIDS, HCV and addiction prevention, care and treatment."

She says essential but basic steps include improving prevention and screening for both infections and engaging co-infected individuals who inject drugs in HIV and HCV care early after diagnoses.

"The benefits of therapeutic advances in HCV will be limited for this group until barriers such as cost and access are overcome," she added. "Even with HCV cure rates approaching 100 percent with newer medications, effectiveness at population level will require expanding HCV therapy on large scale. These recommendations are an important step towards the goal of elimination of hepatitis C."

Dr. Taylor is also director of the HIV/Viral Hepatitis Program at The Miriam Hospital and an assistant professor of medicine at The Warren Alpert Medical School of Brown University. ❖