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Injection drug use and hepatitis C virus infection in young adult injectors: using evidence to inform comprehensive prevention.

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Abstract

The hepatitis C virus (HCV) virus epidemic is ongoing in the United States and globally. Incidence rates remain high, especially in young adult injection drug users. New outbreaks of HCV in the United States among young adults, in predominantly suburban and rural areas, have emerged and may be fueling an increase in HCV. This paper discusses some key HCV prevention strategies that to date have not been widely researched or implemented, and wherein future HCV prevention efforts may be focused: (1) reducing sharing of drug preparation equipment; (2) HCV screening, and testing and counseling; (3) risk reduction within injecting relationships; (4) injection cessation and "breaks"; (5) scaled-up needle/syringe distribution, HCV treatment, and vaccines, according to suggestions from mathematical models; and (6) "combination prevention." With ongoing and expanding transmission of HCV, there is little doubt that there is a need for implementing what is in the prevention "toolbox" as well as adding to it. Strong advocacy and resources are needed to overcome challenges to providing the multiple and comprehensive programs that could reduce HCV transmission and associated burden of disease worldwide in people who inject drugs.

KEYWORDS: HCV treatment, HCV vaccine, combination prevention, counseling and testing, harm reduction, hepatitis C virus, injection drug users, prevention, syringe access

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