

Identifying Barriers to Hepatitis B and Delta Screening, Prevention, and Linkage to Care Among the PWUD Community in Philadelphia



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Background

People who use drugs (PWUD) are at increased risk for blood-borne viruses, including hepatitis B (HBV) and delta (HDV). Despite the public health threats both viruses present, awareness remains low among at-risk communities and providers who serve them.

Objectives

This study assessed barriers to HBV and HDV prevention, diagnosis, and linkage to care, evaluated existing levels of knowledge, and identified educational needs and preferences among both PWUD and service providers.

Methods

Data were collected through an anonymous online provider-focused survey, and interviews with PWUD, non-medical staff, and healthcare providers at a harm reduction organization in Philadelphia, PA, USA. Survey respondents were categorized according to their type of practice, and percent values and Kruskal-Wallis Tests were used to analyze frequency of responses and distribution of scores. For the interviews, a codebook was created and Nvivo 14 was used for qualitative analysis. Data were subsequently organized into thematic categories.

Results/Outcomes

Several provider-related barriers were identified as limiting HBV and HDV screening and vaccination: Lack of time and capacity, confusion about insurance coverage, low knowledge about HDV diagnostic tests, limited phlebotomy access, and difficulties obtaining, storing, and administering vaccine. Lack of knowledge about screening guidelines and risk factors was also an emergent theme. HBV and HDV awareness within the community and among staff was poor. Findings demonstrated that stigma related to drug use and harm reduction posed a significant barrier to care. Participants recommended awareness campaigns tailored for the PWUD community that are non-stigmatizing and non-judgmental, clear, factual, digestible, and interactive, with empowering steps to protect health.

Results of Provider Surveys	HBV/HDV Knowledge, Awareness, Stigma	Trust in Healthcare Providers/ Prevention	Current Landscape of Screening Practices
67% encountered barriers with hep B screening & 82% with hep D screening.	Confusion about different types of hepatitis; conflation with hep C	Concerns about not being listened to or taken seriously, and about confidentiality	External referrals for linkage to care are challenging in this community.
62% understood tests needed for HBV; 39% for HDV.	Very common myths are that hep B can be transmitted similarly to hep A, as well as through casual contact or the air	Vaccine hesitancy can be caused by the need for bodily autonomy amidst an increasingly contaminated drug supply.	Phlebotomy and the need for venipuncture is an issue.
Only 41% screened for HDV at all.	Stigma related to wounds and abscesses can impede testing that requires a venous draw.	Vaccines and healthcare are often not a priority for this community.	Overwork and strict requirements for street medicine teams can impede HBV screening.

Conclusion/Lessons Learned

This study identified major gaps in HBV and HDV service delivery for PWUD, including challenges with access to vaccination and testing and poor basic knowledge and awareness, and the need to address these gaps through culturally appropriate, non-stigmatizing and tailored educational programming. Future initiatives are needed to close disparities related to HBV and HDV and improve awareness and understanding of the viruses among PWUD, as they are at high risk for infection and transmission. Significant efforts are essential to address lack of vaccination, testing and linkage to care, and to improve public health outcomes among PWUD.

Conflicts of Interest

The Hepatitis B Foundation receives program and research grants from Gilead Sciences, VBI Vaccines, GSK, and Genentech. Beatrice Zovich has received compensation for serving on an advisory committee for Gilead Sciences, Inc. Chari Cohen sits on a patient advocacy advisory committee for GSK (with funds going to the Foundation).

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