

Abstract

Background: In Czech Republic, 75-100 % of people newly diagnosed with hepatitis C type (VHC) are people who inject drugs (PWID). Currently, available treatment with direct-acting antiviral medicines without significant adverse side effects is fully covered by insurance. However, there is a risk of reinfection and insurance companies usually don't reimburse further treatment anymore.

Aim: The aim of this study is to map and describe the development of risk behaviours in clients of low-threshold treatment programmes of the SEMIRAMIS and Laxus organisations (LSA partners) who have received treatment for hepatitis C. The research focuses on the circumstances of treatment, particularly barriers and supports to entry and the actual course of treatment. The sub-objectives are: to map the socio-economic situation of clients, to approximate patterns of use and to describe contacts with other services. In addition, to reveal the links between these factors and any changes in risk behaviour.

Methods: Research was completed by method of cross-sectional questionnaire surveys. The research sample consisted of 32 clients of LSA partners' low-threshold programs who had received at least one VHC treatment. The risk behaviours were monitored among following domains: a) injection use in general, b) unprotected coitus, c) sharing of syringes, d) sharing of other injection supplies, e) sharing of hygiene items where blood may come into contact, f) amateur tattoo or piercing, g) handling of syringes used from others. Data collection took place from July 1, 2023 to October 31, 2023. Data were analysed in Microsoft Excel using contingency tables and filters.

Main results: Overall, there was a slight reduction in risky behaviour, specifically among following domains: b) unprotected coitus, c) sharing of syringes, d) sharing of other injection supplies, f) amateur tattoo or piercing. Risky behaviour has not been seriously changed among other domains: a) injection use in general, e) sharing of hygiene items where blood may come into contact and g) handling of syringes used from others. Risky behaviour has been slightly reduced among most of the men, unlike in case of most of the women, where the result has been unchanged. No significant associations were found when looking for associations of these changes with selected socioeconomic factors, user characteristics and circumstances of

VHC treatment. The majority of respondents did not experience major barriers to treatment entry and a large proportion of respondents felt supported by low-threshold program staff to enter treatment.

Conclusion: The research provides information, that people who inject drugs are exposed to risk of reinfection VHC (and infection of other blood transmissible pathogens) after the VHC treatment, even though the level of risky behaviour has been reduced. Low-threshold treatment programs play key role in this positive change and this will increase with number of VHC treated. That is why the low-threshold treatment programs should still focus on the work with this type of clients and cooperated mainly with clinical centers for treatment of VHC.

Key Words: hepatitis C, people who inject drugs, risk behaviour, low-threshold treatment programs