

Management of Key Populations With Chronic HCV Infection

People who inject drugs (PWID), men who have sex with men (MSM), and individuals in jails and prisons bear a particularly high burden of chronic HCV infection. Injection drug use accounts for the majority of new HCV infections, and the rising opioid epidemic has become an important force in the perpetuation of the HCV epidemic. Acute HCV infection is also increasingly being reported among HIV-infected and -uninfected MSM due to a variety of risk factors. Finally, HCV infection disproportionately affects individuals in correctional institutions, where the prevalence of infection ranges from 17% to 23% ([Varan, 2014](#)); ([Edlin, 2015](#)), far exceeding the 1.0% prevalence in the general population ([Denniston, 2014](#)). More than 90% of these individuals are ultimately released and re-enter the general population, where they can contribute to HCV transmission and develop liver-related and extrahepatic complications ([Macalino, 2004](#)); ([Rich, 2014](#)).

Achieving the goal of HCV elimination will depend on diagnosing HCV and treating HCV infection in these groups, and implementing harm reduction strategies to prevent future infections. As a result, the panel has chosen to focus attention on HCV management among these key populations to reduce HCV transmission and decrease HCV-related morbidity and mortality. The first subsection of the key populations guidance focuses on recommendations for HCV testing, treatment, and harm reduction among PWID. The second subsection focuses on testing, treatment, and prevention of HCV among MSM. The final subsection provides recommendations for screening and treatment of HCV in jail and prison settings. Chronic HCV cannot be eliminated without implementation of strategies to reach these populations, and the recommendations in these subsections provide guidance in this effort.

The following subsections include guidance for management of patients with HCV in key populations.

- [Key Populations: Identification and Management of HCV in People Who Inject Drugs](#)
- [HCV in Key Populations: Men Who Have Sex With Men](#)
- [HCV Testing and Treatment in Correctional Settings](#)

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Related References

Denniston MM, Jiles RB, Drobeniuc J, et al. [Chronic hepatitis C virus infection in the United States. National Health and Nutrition Examination Survey 2003 to 2010](#). *Ann Intern Med*. 2014;160(5):293-300.

Edlin BR, Eckhardt BJ, Shu MA, Holmberg SD, Swan T. [Toward a more accurate estimate of the prevalence of hepatitis C in the United States](#). *Hepatology*. 2015;62(5):1353-1363.

Macalino GE, Vlahov D, Sanford-Colby S, et al. [Prevalence and incidence of HIV, hepatitis B virus, and hepatitis C virus infections among males in Rhode Island prisons](#). *Am J Public Health*. 2004;94(7):1218-1223.

Rich JD, Allen SA, Williams BA. [Responding to hepatitis C through the criminal justice system](#). *N Engl J Med*. 2014;370(20):1871-1874.

Varan AK, Mercer DW, Stein MS, Spaulding AC. [Hepatitis C seroprevalence among prison inmates since 2001: still high but declining](#). *Public Health Rep*. 2014;129(2):187-195.

