

Geographic Disparities in Access to Syringe Services Programs Among Young People with Hepatitis C Virus Infection in the US

Background

- Rates of infection with the blood-borne hepatitis C virus (HCV) increased nearly 3-fold in the United States from 2010 to 2014.¹
- This increase has occurred mainly in young people with a history of injection drug use.^{1,2}
- Syringe services programs (SSPs) provide clean equipment and education about safe injection practices. However, the percentage of HCV-infected young people with access to SSPs is not known.
- **Objective:** The investigators examined the geographic distribution of SSPs in the United States in relation to the location of young people infected with HCV.

Methods

- The study population included 29,382 people currently infected with HCV; infection status was based on HCV RNA testing conducted at Quest Diagnostics and LabCorp from July 1, 2015, through June 30, 2016.
- The population represented all 50 states, was 54% female, and ranged in age from 15 to 29 years old.
- HCV-infected young people were localized geographically using billing ZIP codes associated with their earliest positive HCV RNA test. Their locations were also assigned to Census Regions as defined by the US Census Bureau.
- Urban/rural status of SSPs active in 2016 and their proximities to HCV-infected young people were determined.³

Results

- A large proportion (80%) of the study population resided more than 10 miles from an SSP.
- Study participants lived a median of 37 miles from an SSP (range, 0-667 miles; interquartile range, 14-76 miles); distances were greater in rural areas, the South, and the Midwest.
- The percentage of participants living more than 10 miles from an SSP varied with urban/rural status and Census Region:
 - From 47% in large metro centers to 98% in the most rural areas
 - From 64.2% in the West Region to 90% in the South Region
- In all Census Regions, more than half of HCV-infected young people were located more than 10 miles from an SSP.

Conclusions

- A large proportion of study participants—especially those in rural areas—lived more than 10 miles from an SSP.
- These findings suggest the need for strategies to improve access to preventive services in order to slow continued HCV transmission among people who inject drugs.

Article Published in *Clinical Infectious Diseases*

Authors

Lauren Canary,¹ Susan Hariri,¹ Cecily Campbell,¹ Randall Young,² Jeannette Whitcomb,³ Harvey Kaufman,⁴ Claudia Vellozzi¹

Affiliations

¹ Division of Viral Hepatitis, Centers for Disease Control and Prevention, Atlanta, GA

² Division of Toxicology and Human Health Services, Centers for Disease Control and Prevention, Atlanta, GA

³ Monogram Biosciences, Laboratory Corporation of America, San Francisco, CA

⁴ Quest Diagnostics, Madison, NJ

Citation

Canary L, Hariri S, Campbell C, et al. *Clin Infect Dis*. April 11, 2017. doi: <https://doi.org/10.1093/cid/cix333>

Webpage

<https://academic.oup.com/cid/article-abstract/doi/10.1093/cid/cix333/3217637/Geographic-disparities-in-access-to-syringe>

References

1. Centers for Disease Control and Prevention. Surveillance for viral hepatitis—United States, 2014. <http://www.cdc.gov/hepatitis/statistics/2014surveillance/index.htm>. Accessed April 5, 2017.
2. Suryaprasad AG, White JZ, Xu F, et al. *Clin Infect Dis*. 2014;59:1411-1419.
3. Centers for Disease Control and Prevention. Urban-rural classification scheme for counties. https://www.cdc.gov/nchs/data_access/urban_rural.htm. Accessed April 6, 2017.