

HEPATITIS C AND HIV TREATMENT CASCADES AMONG PEOPLE WHO INJECT DRUGS. RESULTS FROM A SERO-BEHAVIOURAL SURVEY AMONG CURRENT INJECTORS IN GERMANY

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Introduction: People who inject drugs (PWID) are at high risk for hepatitis C (HCV) and HIV infection. To evaluate the public health response to these infections information is needed on the proportion of infected individuals tested, diagnosed and treated. We used data from a large German sero-behavioural survey of PWID to analyse HCV-HIV-treatment cascades.

Methods: PWID aged 16 years or older, reporting injecting in the last 12 months were recruited by respondent-driven sampling in eight German cities from 2011-2014. Capillary blood samples collected as dried blood spots were anonymously tested for anti-HCV, HCV-RNA, anti-HIV, and HIV-RNA, if HIV-antibodies were detected. Information on testing, knowledge of infection status, antiretroviral treatment (ART) and interferon-based HCV treatment (IFN) was collected through questionnaire-assisted face-to-face-interviews in low-threshold drug services. The treatment cascades for HIV and HCV were calculated using both laboratory results and behavioural data. We defined eligibility for ART as testing anti-HIV-positive and for IFN as testing HCV-RNA-positive or reporting previous IFN experience.

Results: Of 2,077 eligible participants with median age 38 years, 23% women, 22% foreign-born, 101 were eligible for ART, and 1,092 for IFN. Among HIV positives, 80% were diagnosed, 64% reported ever-ART-experience and 55% being currently under ART. Of currently treated individuals 90% had suppressed viral load. Among those eligible for IFN, 85% had ever received a positive HCV-test result, 30% had ever been on IFN, 19% reported successful IFN in the past. The HCV-PCR was negative in 14% of those eligible for IFN.

Conclusion: We revealed high proportions of PWID eligible for HIV- and HCV-antiviral treatment, relatively high proportions of tested and diagnosed individuals, but low proportions of treated, particularly for HCV. If under ART, treatment seems to be highly effective. For HCV, an increase of treatment uptake is strongly recommended in the light of effective all-oral, interferon-free treatments available.

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