

HCV INFECTION AND HIV-HCV COINFECTION AMONG "NEW" INJECTORS DURING AN HIV OUTBREAK IN ATHENS, GREECE: RESULTS FROM THE ARISTOTLE PROGRAMME

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Background: ARISTOTLE programme was an intervention implemented during an HIV outbreak among people who inject drugs (PWID) in Athens (2012-2013). Aim of this analysis is to provide estimates of the prevalence and incidence of HCV infection and of the prevalence of HIV-HCV coinfection among PWID injecting for up to 2 years ("new" injectors).

Methods: Five rounds (A-E) of respondent driven sampling (RDS) were used to recruit PWID. PWID could participate in multiple rounds but only once per round. Blood samples were tested for anti-HIV-1/2. PWID reporting injecting drug use for ≤ 2 years were also tested for anti-HCV. HCV incidence was estimated in two ways: i) using data from all "new" injectors, assuming that they were seronegative when they started injecting and that infection occurred in the midpoint between the initiation of injecting and the time of blood sample collection, ii) using data from "new" injectors with multiple participations who were seronegative at first participation and seroconverted during the programme.

Results: During ARISTOTLE, 608 blood samples were collected from 431 "new" injectors. At first participation, anti-HCV prevalence was 49.9% (95% Confidence Interval [95% CI]: 45.0%, 54.7%). Among 65 HIV-infected PWID, HCV prevalence was 92.3% (95% CI: 84.0%, 97.0%). The prevalence of HIV-HCV coinfection was 13.9% (95% CI: 10.8%, 17.6%). HCV incidence was 77.3/100 person-years (95% CI: 63.1, 94.8) and 50.2/100 person-years (95% CI: 38.6-65.4) in rounds A and E, respectively. Out of 63 HCV(-) "new" injectors with multiple blood samples, 16 seroconverted during ARISTOTLE. Thus, HCV incidence was estimated to be 64.6/100 person-years (95% CI: 39.6, 105.4).

Conclusion: The prevalence of HCV and HIV-HCV coinfection as well as the incidence of HCV infection are very high in the population of "new" injectors in Athens.

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