PREVALENCE AND CHARACTERISTICS OF HCV INFECTION IN PEOPLE WHO USE DRUGS MANAGED AT LOW-THRESHOLD SETTINGS IN SLOVENIA: RESULTS FROM A NATIONAL STUDY

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Background:
There are an estimated 6-8,000 people who use drugs (PWUD) in Slovenia (population 2 million). Of these, 86% are managed in the national network of high-threshold drug treatment programmes, and have reported HCV seroprevalence of 30%. However, in the low-threshold programmes, which focus solely on harm reduction, HCV seroprevalence in PWUD has not been determined. Aim of this study was to assess at the national level HCV seroprevalence among PWUD attending low-threshold services and define their characteristics.

Methods:
In prospective study in November and December 2017, PWUD from seven regional centres with low-threshold programmes including needle and syringe programmes and homeless shelters were blood-screened for HCV antibodies (anti-HCV) using the Ortho HCV Version 3.0 ELISA Test system. All participants were asked to complete a 10-item questionnaire on their demographic and epidemiological data. Results were stratified by anti-HCV status and tested for statistical significance ($p<0.05$).

Results:
Of 129 PWUD tested, 49 (38%) were anti-HCV positive. The mean age was 42. There were significantly more males in HCV-seropositive group compared to HCV-seronegative one (76% vs. 56%), and 82% of those testing positive reported low or medium level of education, which was significantly higher than the HCV-seronegative group. High-risk behaviour was more common in those HCV-seropositive than in the HCV-seronegative group: injecting drug use was reported in 92% vs. 33% ($p<0.05$), snorting in 96% vs. 48% ($p<0.05$), unprofessional tattooing/piercing in 37% vs. 23%, risky sexual behaviour in 55% vs. 30% ($p<0.05$), and previous treatment for sexually transmitted infections in 14% vs. 4% ($p<0.05$).

Conclusion:
In Slovenia, HCV-seroprevalence is higher among PWUD attending low-threshold services than those in high-threshold programs, and risky behaviour is higher among the former. Low-threshold services need to introduce more prevention activities, counselling, routine HCV screening and linkage to HCV care and treatment for all PWUD who test HCV-positive.

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