

## **BASELINE PREVALENCE AND PREDICTORS OF HIV/HCV INFECTION AMONG PERSONS WHO INJECT DRUGS ACCESSING A SYRINGE SERVICES PROGRAM; MIAMI, FL**

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**Background:** Blood-borne viral infections, such as HIV and Hepatitis C (HCV), have been identified as common infections among people who inject drugs (PWID). However, seroprevalence rates among this population differ greatly between these two infections. This study aims to determine the prevalence of HIV and HCV infection among PWID accessing a syringe services program (SSP) in Miami, FL, along with baseline predictors of HIV and HCV infection.

**Methods:** Baseline behavioral enrollment assessments of 837 participants accessing a syringe exchange program for the first time were analyzed. Patients self-reporting or testing HIV or HCV positive at the enrollment visit were included in the present analysis. Socio-demographic, drug use and injection-related risk behaviors between HCV+/HCV- and HIV+/HIV- statuses were assessed. A multivariable logistic regression model using backward selection was used to assess predictors of baseline HCV and HIV infection independently.

**Results:** Overall prevalence rates for HCV and HIV infection were [47.4%] and [9.2%], respectively. After adjusting for confounders, the most significant predictors of baseline HCV infection were lower education (aOR=1.90; 95% CI: 1.32-2.72), homelessness (aOR=2.20; 95% CI: 1.51-3.20), years of injection drug use (aOR=1.06; CI: 1.04-1.08), reusing syringes (aOR=1.76; 95% CI: 1.12-2.75) and sharing syringes (aOR=2.17; CI: 1.50-3.16). The most significant predictors of baseline HIV infection were age (aOR=1.06; CI: 1.03-1.09), self-reported Hispanic ethnicity (aOR=2.53; 95% CI: 1.19-5.36), self-reported Black race (aOR=8.19; 95% CI: 2.77-24.23), gay or bisexual orientation (aOR=7.83; CI: 3.70-16.60) and methamphetamine injection (aOR=5.59; CI: 2.50-12.47).

**Conclusion:** Baseline behavioral predictors differed between HIV infection and HCV infection among participants accessing syringe services. Understanding the risk factors associated with each infection at initial enrollment into SSPs should be considered and addressed when developing additional preventive interventions among varying PWID populations seen at SSPs.

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