

HEPATITIS C AND HIV CO-INFECTION AMONG PEOPLE WHO USE DRUGS AND OTHER KEY POPULATIONS IN SOUTH AFRICA: FINDINGS FROM A SEVEN-CITY CROSS-SECTIONAL SURVEY

Scheibe A¹, Young K¹, Moses L¹, Basson RL¹, Versfeld A¹, Spearman CW², Sonderup M², Rebe K³, Prabdial-Sing N⁴, Puren A⁴, Nel D⁵, Medeiros N⁵, Hausler H¹.

1. TB HIV Care
2. University of Cape Town
3. Anova Health Institute
4. National Institute of Communicable Diseases
5. OUT Wellbeing

Background: Key populations (KP), including people who inject or use drugs (PWID/PWUD), men who have sex with men (MSM) and sex workers (SWs) are at increased risk for HIV and hepatitis C (HCV) infection. Few South African KP programmes include hepatitis services, largely due to data limitations. We assessed HIV-HCV co-infection prevalence and risks among KP accessing HIV services across seven cities.

Methods: We recruited 3 443 KP (941 PWID, 224 PWUD, 747 MSM and 1 531 SWs) in 2016/17. Our cross-sectional survey assessed socio-demographic characteristics and risks using an interviewer administered tool. We tested for HIV and HCV using rapid diagnostic tests. Associations with co-infection were identified through multivariate analyses.

Results: HCV prevalence was 15% (51% among PWID, 8% among PWUD, 3% among MSM and <1% among SWs). HIV prevalence was 37% (16% among PWID, 2% among PWUD, 25% among MSM and 57% among SWs). HCV-HIV co-infection was 4% (14% among PWID, 3% among PWUD and 1% among MSM). Among those co-infected (n=145), the median age was 29, most were male (85%), black African (62%), and 92% had injected in the previous month. Of the 134 who had injected in the last month, 72% used a new needle and 20% shared a needle at their last injection. 37% (54/145) reported sexual activity in the previous month, among whom 11% reported transactional sex. 48% (21/44) of PWID and 50% (1/2) of PWUD reported condom use during last sex. In multivariate analysis, HIV-HCV co-infection was positively associated with recent injecting (last month) (adjusted odds ratio (aOR) 63.1, 95% CI 18.0 – 220.9) and being black African (aOR) 2.3, 95% CI 1.2-2.8).

Conclusions: PWID have higher risks of HCV-HIV co-infection than other KPs. PWID programmes should routinely offer HIV and HCV testing. Other KPs found to use drugs should be screened for HCV.

Disclosure statement: *This study was funded by the Bristol-Myers Squibb Foundation. Andrew Scheibe is a member of the Bristol-Myers Squibb Foundation Technical Assistance Programme. No other disclosures to note.*