HCV AMONG PEOPLE WHO INJECT DRUGS IN FRANCE: ACTING ON RISK ENVIRONMENT IN AN EVOLVING CRISIS

Jauffret-Roustide M[1], Pillonel J[2], Bardot-Chollet A[1], Barin F[3]

1. Inserm
2. Santé Publique France
3. Centre National de Réference du VIH, Université François Rabelais

Background: France's harm reduction model is generally considered efficient, with high OST coverage, HAART treatment for PWIDs, and facilitated access to HCV treatment. In this study, we aimed to describe current HCV exposure among PWIDs and to contextualize epidemiological data using a sociological analysis of the French harm reduction model.

Method: Our study combined data from ANRS-Coquelicot cross-sectional seroprevalence surveys. These studies were based on a time-location random sampling design and blood testing. Fingerstick blood samples were collected on dried blood spots (DBS). We estimated HCV incidence in two ways: first by using a statistical comparison method between the two cross-sectional surveys; second by using biological data to measure the presence of HCV-RNA among people testing negative for anti-HCV antibodies.

Results: The ANRS-Coquelicot studies show that needle sharing has increased significantly, from 13.3% in 2004 to 23.6% in 2013. Multivariate analysis shows that the time period is only significantly associated with needle sharing among the most precarious PWID (IRR=4.2). In the same time span, we noticed a relative decrease in HCV seroprevalence, from 72.6% in 2004 to 66.7% in 2013, but this figure is not significant.
In 2013, HCV incidence was estimated at 11% a year based on the statistical comparative method. We made another estimation with a biological method and found a very high HCV incidence (22%). Knowledge of HCV status was quite low: 39% of PWID declared being HCV negative and tested positive; and 33% of PWID said they face difficulties when trying to obtain sterile syringes.

Conclusion: ANRS-Coquelicot is the only French study that provides HCV estimates based on biological methods. The estimated HCV incidence and the increase in at-risk practices in France were among the highest observed in all high-income countries. This critical epidemiological situation may be partly explained by France's delay in implementing a strong harm reduction model and its persisting criminalisation of drug use.

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