

# HIGH PREVALENCE OF CURRENT AND PAST HEPATITIS C VIRUS INFECTIONS AMONG NEW INJECTORS FOUND IN A CROSS-SECTIONAL STUDY IN GERMANY, 2011-2014: MISSED OPPORTUNITIES FOR COUNSELLING AND TESTING

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## Background:

In Germany, risk of hepatitis C virus (HCV) infection is highest among people who inject drugs (PWID). New injectors (NI) are particularly vulnerable for HCV-acquisition. We describe characteristics of NI and missed opportunities for HCV counselling and testing (C&T).

## Methods:

We performed a cross-sectional study among PWID in eight German cities 2011-2014 using respondent-driven-sampling. Data on sociodemographic characteristics, previous HCV testing and access to care were collected through questionnaire-based interviews. Capillary blood was tested for HCV; participants with detectable HCV antibody and/or HCV-RNA were considered HCV positive.

We described characteristics of NI (injecting <5 years). X<sup>2</sup>-tests were used to compare groups.

## Results:

Of 2,077 participants, 232 (11%) were NI. Compared to other PWIDs, NI were less likely to be HCV positive (36% versus 70%,  $p < 0.0001$ ) but thereof proportion with detectable HCV-RNA was higher (76% versus 66%,  $p = 0.06$ ). NI were more likely to never have been HCV-tested (27% versus 6.4%,  $p < 0.0001$ ) and to be unaware of their HCV-positivity (41% versus 13%,  $p < 0.0001$ ).

Of NI, 60% ever received inpatient detoxification and 54% opioid substitution therapy (OST), thereof 29% currently. Of asked NI ( $n = 127$ ), 83% had visited low-threshold drug services within 30 days. Most commonly mentioned previous HCV test sites were OST-practices (33%), hospitals (32%), practices without OST (13%), prisons (8.1%) and low-threshold drug services (8.1%). NI without OST experience (HCV prevalence 27% versus 43% with OST,  $p = 0.014$ ), were less likely to ever have undergone HCV testing (56% versus 87%,  $p < 0.0001$ ) and to know about their HCV-status (48% versus 65%,  $p = 0.15$ ) and most commonly accessed medical care in practices without OST (51%), hospitals (26%) and prisons (10%).

## Conclusion:

We found high HCV-positivity and low HCV-status awareness among NI. C&T should be offered in all facilities where NI are reached, including OST-services, low-

threshold drug services, hospitals, practices without OST and prisons to increase early diagnosis and treatment.

**Disclosure of Interest Statement:**

*No conflict of interest to disclose.*