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Disclosures

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- No conflict of interest to declare



Background

- People with triple co-morbidity including drug dependence, HIV and viral hepatitis (VH) face significant challenges in accessing life-saving treatments
- Countries with injecting drug use (IDU)-driven HIV epidemics, such as Ukraine, often lack reliable estimates to plan programs addressing these barriers

Methods

- Secondary analysis of data from the HIV Modes of Transmission study conducted in 2016
- Cross-sectional survey of patients registered at HIV clinics in 2013, 2014 and 2015 in 7 regions of Ukraine
- Simple random sampling
- Sensitive behavioral risk factor interview
- HCV and HBV markers testing (ARCHITECT-i1000SR Immunoassay Analyzer)



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Prevalence of HCV and IDU in the survey

	IDU-	IDU+	
anti-HCV-	887 (71.5%) (84.9%)	158 (15.7%) (15.1%)	1045 (46.5%)
anti-HCV+	353 (28.5%) (29.4%) (15.7%)	849 (84.3%) (70.6%) (37.8%)	1202 (53.5%)
	1240 (55.2%)	1007 (44.8%)	2247

OR=13.5 (95% CI: 10.95-16.66)

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Prevalence of HBsAg and IDU in the survey

	IDU-	IDU+	
HBsAg-	1213 (97.8%) (55.8%)	960 (95.4%) (44.2%)	2173 (96.7%)
HBsAg+	27 (2.2%) (37.0%) (1.2%)	46 (4.6%) (63.0%) (2.0%)	73 (3.3%)
	1240 (55.2%)	1006 (44.8%)	2246

OR=2.15 (95% CI: 1.33-3.49)



Now let's apply (with caution) these prevalences to the population of people living with HIV...







Limitations

- Some HCV-positive patients have likely underreported the IDU behavior
- Estimates are based on a survey among HIV cases registered in 2013-2015, in previous years HCV prevalence was higher

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Conclusions

- The total national number of PWID with HIV/HCV coinfection may be as high as 127,000
 - Should triangulate with other data sources (2017 IBBS gives ~64,000 see Sazonova et al abstract #364)
- As many as 75,000 of people with HIV/HCV coinfection are already in medical care, and can be easily enrolled in HCV treatment
 - At least 53,000 of them have IDU history and may require additional adherence support and harm reduction services to prevent re-infection

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