


Exposing the need for viral hepatitis C services for people who inject drugs in South Africa

Findings from a three-city cross sectional survey


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Disclosures

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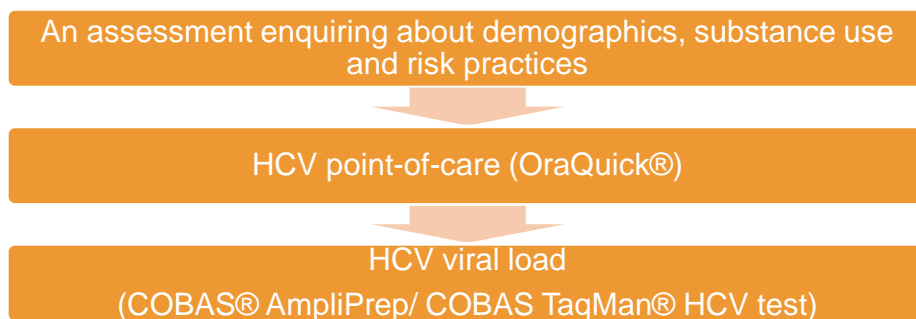


Background/aims

- South Africa's absent hepatitis C virus (HCV) response for people who inject drugs (PWID) is largely due to the epidemiological data gap and lack of awareness.
- Needle/syringe services have operated in Cape Town (CT), Durban (DBN) and Pretoria (PTA) since 2015.
- We investigated the HCV serological and viraemic (RNA positive) prevalence and risks among PWID who access needle/syringe services in these cities.

Methods

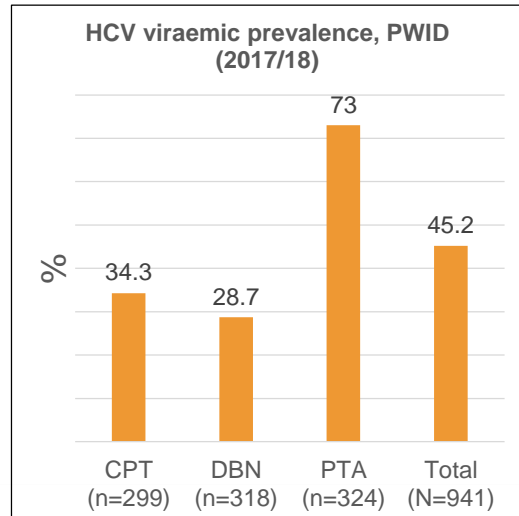
- PWID were recruited as part of a larger study among Key Populations
- The study was linked to existing harm reduction services and included:



- We calculated proportions, frequencies and bivariate associations with HCV viraemia.

Results

- Participants were mostly male (87%), black (42%), homeless (68%) with median age of 30.
- Last Injecting:
 - 98% injected heroin
 - 80% used a new needle/syringe
 - 18% had shared their needle/syringe.
- Sexual activity:
 - 44% were sexually active (last month)
 - 57% used a condom (last encounter)
- HCV infection associated with:
 - Male sex (OR 1.6, $p=0.019$)
 - Homelessness (OR 1.6, $p<0.001$)
 - Black race (OR 1.6, $p=0.001$)
 - Living in Pretoria (OR 1.2, $p < 0.001$)
 - Previous health screening (OR 1.4, $p=0.018$),
 - New needle at last injection (OR 0.5, $p<0.001$)
 - Recent sexual activity (OR 0.4, $p<0.001$)



Conclusions/implications

- HCV prevalence among PWID is high in these cities.
- Prevention interventions should expand and treatment interventions should address the needs of PWID who are male, black and homeless and PWID in Pretoria should be prioritised.
- Ongoing surveillance of HCV among PWID needed

Acknowledgements

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