HIV CARE CONTINUUM AMONG PEOPLE WHO INJECT DRUGS IN ATHENS: LINKAGE AND RETENTION RATES

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Background:

Since 2011, Greece has observed a significant shift in its HIV epidemiology. Diagnoses among people who inject drugs (PWID) have increased, surpassing the corresponding number among men who have sex with men. The subsequent HIV outbreak among PWID in Athens (2011-2013) became the most substantial recent epidemic in Europe and North America. Suboptimal linkage and retention in care remain challenges, hindering effective treatment outcomes.

Methods:

Two community-based programs addressing HIV/HCV among PWID were implemented using consecutive respondent-driven sampling rounds (2012-2013: n=3,320; 2018-2020: n=1,634). A total of 4,954 unique PWID were recruited across both programs, which aimed to facilitate HIV/HCV testing and linkage to care. Data were collected through structured questionnaires and testing of biological samples.

Results:

The programs identified 715 HIV-positive individuals, representing 50% of all diagnosed HIV cases among PWID in Greece from 2012 to 2019. The majority were male (83.4%, 596/715), were Greek (78.9%, 564/715), and the mean age (SD) were 35.1 (7.5) years at first participation. Additionally, 36.6% (261/713) reported current homelessness, and 92.2% were unemployed or unable to work due to health reasons. Notably, only 11.9% (84/706) were engaged in opioid agonist therapy (OAT), while 70.7% had never accessed OAT. Among those with known vital status, 30.2% (112/370) had died by February 2024. Currently, 71.5% (511/715) have been linked to an HIV clinic, 42.0% (300/715) have been treated for HIV and 26% (186/715) for HCV. At the same time, the status of the HIV/HCV care cascade across both programs is being investigated.

Conclusion:

The 2011-2013 HIV-outbreak among PWID in Athens, Greece, presented significant challenges due to inadequate care linkage and retention. While community-based programs identified a substantial number of HIV-positive cases and facilitated linkage to HIV care for many, a more comprehensive approach is necessary to address persistent vulnerabilities and improve outcomes in this population.

Disclosure of Interest Statement:

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