



HIV and HCV prevalence among registered PWID/PWUD with diverse poly-drug use pattern at fourteen AHRN clinics in area of high burden of substance use in Myanmar

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Disclosure of Interest

- No funding was received in the development of this study.



Background

- Myanmar is a major market for both the production and consumption of heroin and amphetamine-type stimulants (ATS).
- The prevalence of **HIV** and **HCV** infections among people who inject drugs (PWID) was high, **35%** and **56%** respectively.
- Drug use is predominantly a phenomenon in hard-to-reach rural areas.
- AHRN provide harm reduction services in those high burden areas with limited access to routine health care facilities.



Aim

- We aimed to assess HIV and HCV testing conditions and the prevalence of dual infections (HIV and HCV) among clients with diverse poly-drug use patterns.



Methods

- Using both opium and ATS was classified as poly-drug use in this study.
- This is a **cross-sectional study** using project data, routinely collected between January 2017 and December 2019, at fourteen AHRN projects in Kachin, Shan States, and Sagaing region.

Results

- Of 30,729 clients, 1,221 (3.9%) were female, 3,369 (11.0%) were ≤ 24 years old and **14,566 (47.4%) injected drugs.**
- **Poly-drugs users = 20,710 (67.4%)**
- Opioid only = 8,976 (29.2%)
- ATS only = 1,043 (3.4%)
 - ✓ None of the ATS mono-user injected ATS.

Half, 15,608 (**50.8%**) **received HIV** test with **20.8% positivity** and 3,029 (**9.9%**) **received HCV** test with **54.1% positivity.**



Results

- Dual infections tested 2,832/30,729 (9.2%) and 722/2,832 (25.5%) showed both infections.
- The prevalence of dual infections was **highest** among **opioid mono-users**, with 27.9%, followed by **poly-drug users** (25.3%) and ATS mono-users (3.5%).
- Dual infections were prevalent among those **who injected and smoked drugs (38.8%)** and **injected drugs (34.8%)**.



Conclusion and recommendations

- More than half of the clients were poly-drugs users.
- A significant difference in the number of rural clients tested for HIV and HCV infections was observed.
- It is probably due to lack of HCV viral load testing and insufficient HCV treatment facilities at the project sites during study period.

Conclusion and recommendations

- With globally increasing availability and accessibility to simplified HCV management options, we strongly suggested to
 - ✓ Strengthen access to HCV testing and HCV treatment services
 - ✓ Integrating HCV testing services to existing HIV testing services including community-based, peer-facilitated mobile testing services to increase access to the unreached and marginalized rural population.
- Increased ATS harm reduction efforts should be made to mitigate the impact of high dual HIV and HCV infection rates among smoking poly-drug users.



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Thank you for your attention!