

DISPARITIES IN HIV AND HCV RETESTING RATES AMONG PEOPLE WHO INJECT DRUGS ACCESSING A SYRINGE SERVICES PROGRAM IN MIAMI, UNITED STATES

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Background:

Early diagnosis of HIV and HCV is critical for improving long-term health outcomes and decreasing unintended viral transmission. The World Health Organization and the United States Centers for Disease Control and Prevention recommend that key populations, including people who inject drugs (PWID), be retested for HIV and hepatitis C virus (HCV) at least annually. This study assessed HIV and HCV retesting rates among PWID accessing services at a syringe services program (SSP) in Miami, United States.

Methods:

We analyzed administrative data for all PWID who enrolled in the SSP from February 2018 (after implementation of an opt-out HIV and HCV testing policy) to January 2023 (n=1507). All exchange encounters were queried 12-months post enrollment date to determine if a participant had been retested. Differences in HIV and HCV retesting by socio-demographic characteristics, substance use, injection behaviors and location were assessed using chi-squared tests and Fisher's exact test for categorical variables and Wilcoxon rank-sum test for continuous variables.

Results:

Of the 1507 participants, 125 tested positive for HIV and 507 tested positive for HCV on program enrollment. Of the 1382 participants without HIV at enrollment, 220 (15.9%) were retested for HIV within 365 days, 6 of whom tested positive. Of the 1000 participants without HCV on enrollment, 150 (15.0%) were retested for HCV within 365 days, 25 of whom tested positive. HIV retesting was significantly associated with homelessness (p=0.0012), relationship status (p=0.0114), and type of health insurance (0.0354). HCV retesting was significantly associated with non-Hispanic ethnicity (p=0.0388).

Conclusion:

Retesting rates for HIV and HCV are low among PWID, despite access to low-barrier testing services at a community-based SSP. Adjunctive interventions are urgently needed to align HIV and HCV retesting rates with national and international guidance.

Disclosure of Interest Statement:

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