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Session: **EPH1**: Friday May 1 – 11:00:12:30 – HIV and HCV Surveillance

Track:	Epidemiology and Public Health
Subject:	Epidemiology and Surveillance of HIV Co-infections
Presentation Type:	Oral
Title of Abstract:	**Hepatitis C Virus (HCV) Treatment, Injection Practices, and Access to Harm Reduction among HIV-HCV co-infected People who Inject Drugs in Montréal from 2003-2018**
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Abstract

Background

In Montréal, 86% of people who inject drugs (PWID) living with HIV have been exposed to HCV. Assessing unmet needs in HCV prevention and treatment among key populations is critical to inform local elimination efforts. We aimed to 1) estimate temporal trends in HCV treatment uptake among Montréal HIV-HCV co-infected PWID between 2003-2018; and 2) describe injection practices and coverage of harm reduction programs in this population.

Methods

We used data from the Canadian Co-infection Cohort, a prospective study of HIV-HCV co-infected individuals. We defined three periods of interest based on HCV treatment guidelines: 2003-2010: interferon/ribavirin-based; 2011-2013: first-generation direct acting antivirals (DAAs); 2014-2018: second-generation DAAs. For each period, analyses were restricted to Montréal participants reporting injection drug use (IDU) in the past six months (P6M) at their first visit. We estimated the proportion who initiated HCV treatment and examined reported injection practices (P6M), and access to needle and syringe programs (NSP), opioid agonist therapy (OAT), and supervised injection sites (SIS).

Results

We included 256 participants (82% male, median age of 44 years at baseline). The yearly proportion of HCV treatment uptake increased from 2% (95% confidence interval (CI): 1-2%) in 2003-2010, to 4% (95%CI: 2-6%) in 2011-2013, and 12% (95%CI: 11-13%) in 2014-2018. The proportion reporting IDU in the P6M decreased from 66% to 52% over time. Among these, the proportion reporting sharing needles/syringes reduced two-fold and use of NSP decreased from 90% to 71%, whereas engagement in OAT increased from 2% to 5%. Recent opioid injection, however, increased over time (24%, 39%, and 45% in the three time periods, respectively). SIS became available in 2014-2018 (6% of active PWID).

Conclusions

Recent increases in HCV treatment uptake could support elimination among HIV-HCV co-infected PWID, if sustained. However, harm reduction scale-up is needed to meet HCV elimination targets in Montreal.