

The 29th Annual Canadian Conference on HIV/AIDS Research Le 29e Congrès annuel canadien de recherche sur le VIH/sida

Session: **KP3**: Saturday May 2 – 11:00:12:30 – People Who Use Drugs

Track: Epidemiology and Public Health
Subject: HIV in Priority Populations and Global Health Issues: Epidemiology and Public Health Aspects
Presentation Type: Oral
Title of Abstract: **HIV and HCV Cascade of Care Among People Who Inject Drugs in the SurvUDI Network – 2003 to 2017**

Authors and Affiliations: Karine Blouin^{1, 5}, Pascale Leclerc^{2, 5}, Carole Morissette², Élise Roy¹, Michel Alary^{1, 3}, Caty Blanchette³, Maud Vallée⁴
1. Institut national de santé publique du Québec, Unité des infections transmissibles sexuellement et par le sang, Québec, QC, Canada, 2. Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal, Direction régionale de santé publique, Montréal, QC, Canada, 3. Centre de recherche du CHU de Québec - Université Laval, Axe Santé des populations et pratiques optimales en santé, Québec, QC, Canada, 4. Institut national de santé publique du Québec, Laboratoire de santé publique du Québec, Québec, QC, Canada, 5. Université de Montréal, Département de médecine sociale et préventive, Montréal, QC, Canada

Abstract

Objectives: To examine trends from 2003 to 2017 in testing, awareness of seropositivity, consultation with a physician (6 months), and treatment for HIV and HCV among people who inject drugs (PWIDs) in the SurvUDI network.

Methods: Since 1995, PWIDs (injection in the past 6 months) are recruited in harm reduction and health programs across Québec and in Ottawa. Participants provide consent, complete a questionnaire and give saliva samples for anti-HIV/anti-HCV antibody testing. The first questionnaire per participant per year was retained (13,836 interviews). Wald tests from GEE regressions were used.

Results: The observed prevalence was 13.0% for HIV and 62.6% for HCV. The proportion of participants ever tested increased from 89.6% to 96.0% ($p < 0.001$) for HIV, and from 85.8% to 94.4% ($p < 0.001$) for HCV. During the same period, the proportion of participants tested in the past year slightly increased, from 64.1% to 65.6% ($p = 0.002$) for HIV, and from 48.7% to 57.2% ($p < 0.001$) for HCV. Among HIV-positive participants, the proportion unaware of their infection decreased from 22.7% to 10.3% ($p < 0.001$). For HCV, this proportion decreased from 28.4% to 18.1% ($p < 0.001$). Among those aware of being HIV-infected, the proportions who consulted a physician for HIV, and currently taking HIV medication both increased significantly (from 89.1% to 100.0%, $p < 0.001$, and from 60.9% to 92.9% $p < 0.001$, respectively). Among those aware of being HCV-positive, the proportion who consulted a physician for HCV significantly decreased (from 55.2% to 36.3%, $p < 0.001$), and the proportion of participants who ever took HCV medication increased from 11.6% to 34.0% (from 2006 to 2017, $p < 0.001$).

Conclusions: Most indicators improved for HIV and HCV. Regular testing must be enhanced. Treatment seems well accessible for HIV, but not for HCV. Services must be strengthened and new approaches developed to better link infected PWIDs to care, especially for HCV.