**POSITIVE IMPACT OF A COMMUNITY-BASED EDUCATIONAL INTERVENTION ON ACCESS TO HCV TESTING IN DIFFICULT–TO-REACH PEOPLE WHO INJECT DRUGS: RESULTS FROM THE ANRS-AERLI STUDY**

Perrine Roux1,2,3, Marie Debrus5, Elisabeth Avril5, Khadim Ndiaye1,2,3, Jean-Marie Le Gall4, Camélia Protopopescu1,2,3, Baptiste Demoulin1,2,3, Caroline Lions1,2,3, Aurelie Haas4, Marion Mora1,2,3, Bruno Spire1,2,3,4, Marie Suzan-Monti1,2,3,4, Maria Patrizia Carrieri1,2,3

1 INSERM U912 (SESSTIM), Marseille, France,
2 Aix Marseille Université, IRD, UMR-S912, Marseille, France,
3 ORS PACA, Observatoire Régional de la Santé Provence Alpes Côte d'Azur, Marseille, France,

4 AIDES, France,

5 Médecins du Monde, Paris, France

**Background**: This community-based educational intervention, providing training and education about injection (AERLI), has just shown its effectiveness on HIV-HCV unsafe injection practices and other injection-related complications. However, HCV prevalence is very high in this population and few PWID know their HCV serostatus. This analyse evaluates the impact of this intervention on access to HCV testing.

**Methods**: A clustered intervention study, conducted in low-threshold services in France, enrolled 271 PWID interviewed at enrolment, 6 and 12 months. Intervention group participants received at least one face-to-face educational session over the first 6 months. Statistical analyses were performed using a two-step Heckman approach to account for bias arising from the non-randomized clustering design. This approach identified factors associated with HCV testing.

**Results**: Of the 271 participants, 127 were enrolled in the control group and 144 in the intervention group. Of the latter 113 received at least one educational session. For this analysis, we selected 114 and 88 participants, respectively, in the control and intervention group, who were eligible for HCV testing. In the control group, 85.1% of participants reported having being tested for HCV at enrolment and 80% at 12 months. In the intervention group, this percentage was 77.3% at enrolment and 85.3% after 12 months. Multivariate analyses showed that participants who received at least one intervention at M6 or M12 were more likely to report HCV testing (OR [95%CI] = 5.10 [1.21; 21.58]), compared with those who did not receive any intervention.

**Conclusion**: This educational intervention is not only efficient to reduce HCV risk practices and cutaneous complications but also is a way to improve access to HCV testing.