**ACCESS TO BLOOD-BORNE VIRUS TESTING AND TREATMENT IN A LOCAL HIGH RISK POPULATION OF PEOPLE WHO INJECT DRUGS**

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**Introduction:** Access to testing and antiviral treatment for hepatitis C (HCV) and HIV infection is essential for population-level treatment as prevention as well as for individual health. To inform testing and treatment needs among people who inject drugs (PWID) in a culturally diverse inner-city suburb of Melbourne with an active street drug market and busy needle and syringe program (NSP) we measured access to HCV and HIV testing and treatment as well as predictors of infrequent testing.

**Methods:** A cross-sectional bio-behavioural survey of 128 PWID regular users of the NSP, recruited through the fixed-site and outreach methods in August-September 2014.

**Results:** Almost all participants reported having previously received a test for HIV (n=114, 90%) and HCV (n=124, 97%), with a median time since the last test of 12 months (IQR 4-24 months) for both. There were 118 participants (93%) with serological evidence of past or current HCV infection (HCV Ab+, HCV RNA +/-) and five participants (4%) with HIV infection. Of participants testing HCV sero-positive, 45 (38%) had ever been offered HCV treatment, seven (6%) reported ever commencing treatment, two (<2%) reported completing a course of treatment and one reported successfully clearing their infection post treatment. Participants who reported recent HCV and HIV testing (last test within12 months of the survey) were more likely to be female (AOR 6.3, p=0.013) and to have ever been offered HCV treatment (AOR 3.0, p=0.046) after adjusting for socio-demographic characteristics.

**Conclusion:** Despite a very high prevalence of HCV infection in this vulnerable population, few participants in this study received subsequent treatment. Novel testing technologies, HCV treatment regimens and community-based models of BBV care that are responsive to cultural diversity and local needs have the potential to reduce structural barriers associated with tertiary-level care coordination, substantially reduce onward transmission and improve health outcomes for PWID.

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