

PREVALENCE OF HEPATITIS C, B AND HIV AMONG PEOPLE WHO USE DRUGS IN THREE SOUTH AFRICAN CITIES

Authors:

Basson RL¹, Moses L¹, Scheibe A², Young K¹, Versfeld A¹, Booyens L¹, Spearman CW³, Sonderup M³, Rebe K⁴, Prabdial-Singh N⁵, Puren A⁵, Nel D⁶, Medeiros N⁶, Schneider A¹, Andrews Y¹, Padayachee K¹, McBride A⁶, Hausler H^{1,7}.

¹TB HIV Care, ²TB HIV Care (consultant), ³University of Cape Town Department of Hepatology, ⁴Anova Health, ⁵National Institute for Communicable Diseases, ⁶OUT Wellbeing, ⁷University of the Western Cape

Background:

Epidemiological data on HCV among injecting and non-injecting people who use drugs (PWID and PWUD respectively) in South Africa is limited. Comprehensive HCV responses are not widely available. We investigated the HBV, HCV and HIV prevalence among PWUD and PWID who access HIV services in Cape Town, Durban and Pretoria.

Methods:

We performed a cross-sectional study among people aged ≥ 18 years who self-reported having used heroin, cocaine or methamphetamine in the last 12 months. We recruited 960 PWID and 240 non-injecting PWUD who accessed HIV prevention services between August 2016 and October 2017. We administered a standardized health assessment that enquired about demographics and substance use, and performed point-of-care testing for HIV, HBV and HCV.

Results:

Participants were predominantly male (87% for PWID, 81% for PWUD), African (42% for PWID, 54% for PWUD) with a median age of 31 years. Overall HCV sero-prevalence was 54% among PWID (Pretoria (84%), Cape Town (42%), Durban (35%)) and 10% among PWUD (Pretoria (20%), Cape Town (9%), Durban (1%)). HBV surface antigen prevalence was 5% for PWID and 3% for PWUD (Pretoria 5 and 3%, Cape Town 6 and 4%, Durban 4 and 3%, respectively). HIV prevalence was 21% for PWID and 13% for PWUD (Pretoria 38 and 21%, Cape Town 6 and 3%, Durban 19 and 13%, respectively). HCV/HIV co-infection was higher among PWID than PWUD (15% and 2%, respectively).

Conclusion:

High HCV sero-prevalence among PWID supports the expansion of comprehensive HCV responses including testing, treatment, and prevention activities like needle and syringe programmes and opiate substitution therapy (OST). Higher than expected HCV sero-prevalence among PWUD warrants further investigation and supports their inclusion in appropriate services. The geographic distribution of HCV disease burden should inform relative allocation of resources to treatment and prevention.

Disclosure of Interest Statement:

This study was made possible through funding from the Bristol-Myers Squibb Foundation.