

# Hepatitis C and risk behaviour among persons who inject drugs in Norway

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## Background and objectives

Since 2002, prevalence of HCV (hepatitis C virus) infections among PWIDs (persons who inject drugs) has been surveyed in Oslo. In 2015 this survey was extended to include the City of Bergen.

### Objectives

The objectives included measuring the prevalence of HCV infection and risk behavior, in order to provide information to health authorities to evaluate current harm reduction measures and for planning future preventive measures

## Methodology

The health survey was conducted as a cross-sectional study with interviewer-administered questionnaires and blood tests for anti-HCV with reflex to HCV RNA, at low-threshold centers for PWIDs in Bergen and Oslo. Informed consent was obtained, and a monetary incentive was given. If HCV was detected, participants were referred for treatment.

### Statistical analysis

Descriptive statistics for demographics, risk behaviours and HCV prevalence and equivalence testing with a two one-sided test (TOST) with a set equivalence margin of 15 percentage points were performed.

## Results

In Oslo and Bergen, 227 vs. 121 participants were tested for HCV.

	Oslo (n=227)	Bergen (n=121)
Age, median (range)	38 years (19-62)	36 years (18-61)
Gender	68 % male	81 % male

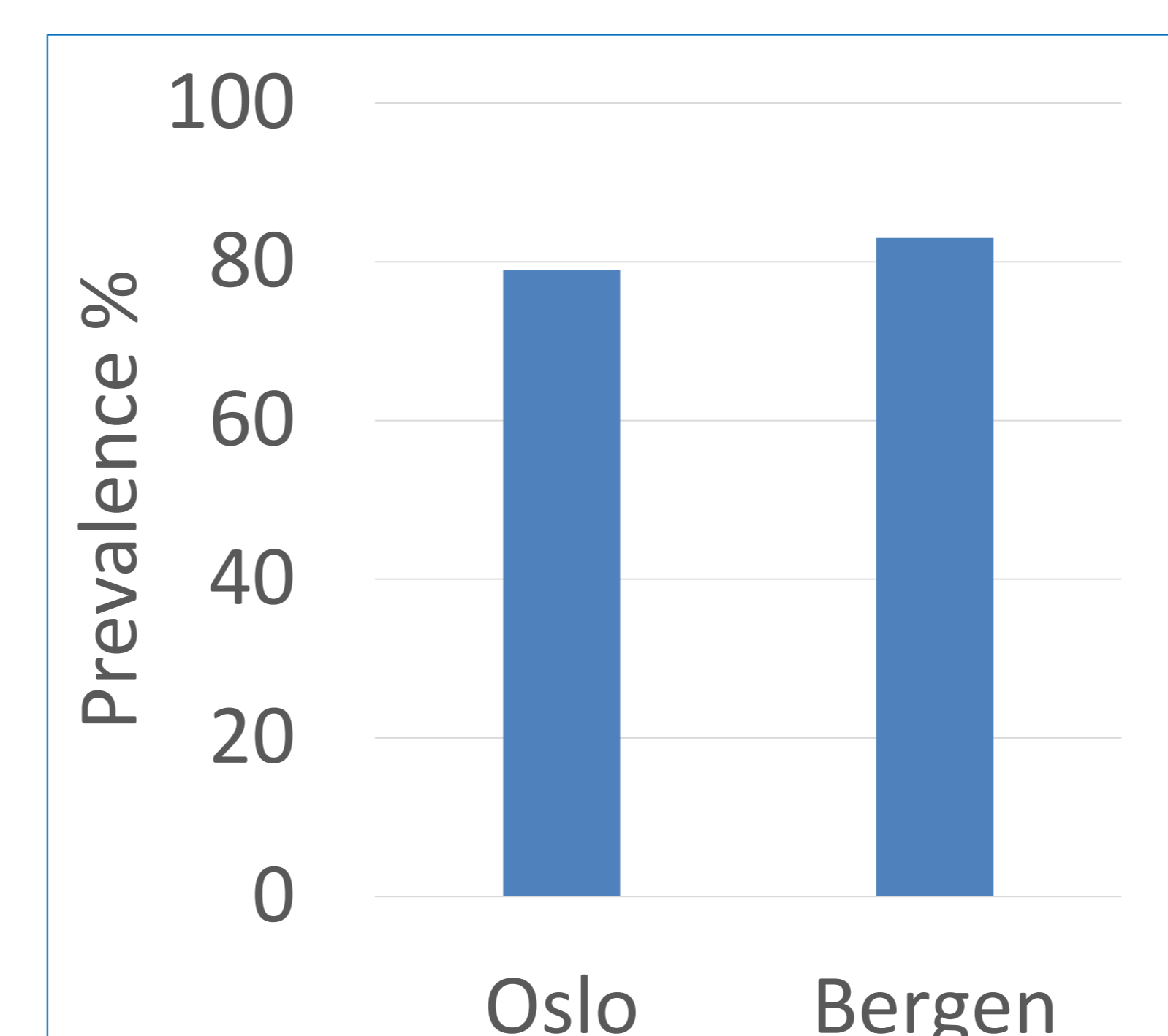
**Table 1.** Age and gender among participants in Oslo and Bergen

	Oslo	Bergen
Shared syringes	11 %	3 %
Shared other paraphernalia	27 %	19 %
HCV-test last 12 months	43 %	35 %

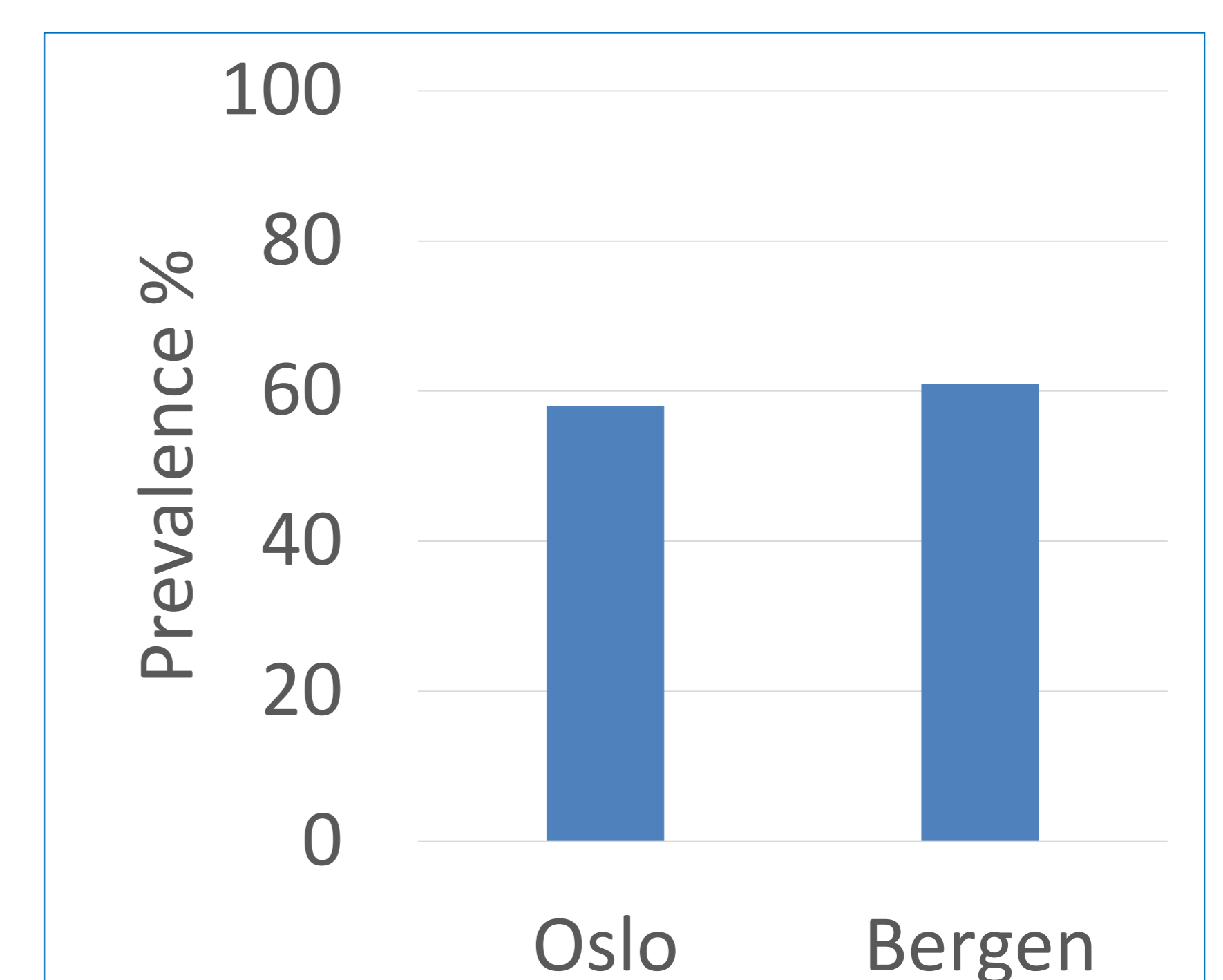
**Table 2.** Prevalence of risk behaviours in Oslo and Bergen

In Oslo 79% vs. 83% in Bergen had detectable antibodies against HCV (largest margin 12 percentage points, considered equivalent).

Among the anti-HCV positives, 58% (Oslo) vs. 61% (Bergen) had detectable HCV RNA (largest margin 14 percentage points, considered equivalent).



**Figure 1.** Prevalence of anti-HCV in Oslo and Bergen



**Figure 2.** Prevalence of HCV RNA among anti-HCV positives in Oslo and Bergen

## Conclusion

HCV is a major infection among PWIDs in both Oslo and Bergen. Sharing syringes was less common than sharing other paraphernalia. These results highlight the importance of continued needle exchange programs, and to include paraphernalia in the programs. Continued surveillance is necessary to evaluate implemented measures.