**COMPARISON OF SELF-REPORTED BLOOD-BORNE VIRUS STATUS WITH RECENT SEROLOGY RESULTS IN A LOCAL HIGH RISK POPULATION OF PEOPLE WHO INJECT DRUGS**

Peach E1, Hellard M1, 2,3,Francis P4, Cogger S1, Dietze P1, 3, Morris M4, Elmore K4, Stoove M1

1 Centre for Population Health, Burnet Institute, Melbourne, 2 Infectious Diseases Unit, Alfred Hospital, Melbourne 3 Australia Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, 4 North Richmond Community Health Centre, Melbourne

**Introduction:** Knowledge of blood-borne virus (BBV) status enables people to engage in preventive behaviours and seek appropriate healthcare. We compare self-reported HIV and hepatitis C (HCV) status with serological markers of infection among people who inject drugs (PWID) recruited from a culturally and ethnically diverse inner-city suburb of Melbourne at the centre of a recent cluster of new HIV notifications.

**Methods:** A cross-sectional bio-behavioural survey conducted in August-September 2014 of 128 PWID users of the local needle and syringe program recruited via the fixed site and outreach.

**Results:** Two thirds (67%) were men, 42 (33%) reported being Indigenous Australian and median age was 37 years. Five (4%) and eighty (63%) participants were sero-positive for HIV and current HCV infection (HCV RNA+) respectively. Among 123 participants previously tested for HCV and who reported perceived sero-status, 38 (31%) self-reported discordant sero-status; 14 falsely reported being HCV-positive, 12 falsely reported being HCV-negative and 12 (six HCV RNA+) reported never having received/being unsure of their previous test result. Among 113 participants previously tested for HIV and who reported perceived sero-status, seven (6%) self-reported discordant HIV sero-status; two falsely reported being HIV negative and five reported never having received/being unsure of their previous test result. Only one of the HIV positive participants correctly reported being sero-positive. Participants who reported discordant HCV sero-status were more likely to be Indigenous, after adjusting for age, sex and time since previous test (AOR 2.40, p=0.031).

**Conclusion:** Accurate knowledge of BBV sero-status in this geographically distinct and culturally diverse PWID sample is lower than that found in other Australian studies. Local interventions must be urgently implemented to improve testing uptake and quality of post-test counselling in high risk populations, with particular emphasis on ensuring they are tailored to needs of local communities and cultural groups to prevent future BBV outbreaks.

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