**VIRAL HEPATITIS C PREVALENCE, INCIDENCE, INJECTING PRACTICES AND LINKAGE TO CARE AMONG PEOPLE WHO INJECT DRUGS PARTICIPATING IN A METHADONE MAINTENANCE THERAPY PILOT PROJECT IN CAPE TOWN, SOUTH AFRICA.**

Scheibe A1, Gerardy T1, Laurenson D1,2, Mdlulwa G1, Basson R1, Schneider A1, Young K1, Sonderup M3, Spearman W3, Hausler H1

1. TB HIV Care, Cape Town, South Africa
2. Recovery Outcomes, Cape Town, South Africa
3. University of Cape Town, Cape Town, South Africa

**Background**

Two-thirds of the estimated 1 513 people who injects drugs (PWID) in Cape Town (South Africa) have been infected with hepatitis C (HCV), yet <5% access treatment. In August 2017, we piloted time-limited methadone maintenance therapy (MMT) for PWID from a community based centre. Anti-HCV testing was done at baseline, during down titration (January - March 2019) and when clinically indicated. Clients were referred to a tertiary hospital hepatology unit for treatment. To assess links between MMT and HCV risk we reviewed HCV epidemiology, injecting frequency, retention and linkage to treatment.

**Methods**

Demographic information and HCV testing results were extracted from clinical notes. The *Alcohol Smoking and Substance Involvement Screening Test* (ASSIST) was repeated quarterly to assess substance use. The hospital confirmed treatment initiations. Data was reviewed using descriptive analysis.

**Results**

Of the 75 PWID initiated onto methadone, 88% were male; the median age was 32, 95% injected frequently (> once per week / ≥ 3 consecutive days) with a baseline HCV seroprevalence of 56% (42/75). Six incident infections were recorded among PWID on MMT; 5 within 4 months of their initiation. All participants with incident infections reported injecting in the quarter preceding seroconversion (3 reported frequent injecting). By the end of March 2019, 32% (24/75) were retained on MMT at low doses, among whom 8 had repeated HCV testing; with no new infections detected, however six of whom reported current injecting. Overall, 10% (5/48) of HCV seroprevalent clients were treated.

**Conclusions**

HCV risk was high during early and late phases of time-limited MMT. High needle-syringe coverage is needed to support safer injecting at these stages, or to eliminate the late phase risk period by continuing MMT. Understanding reasons for non-adherence and continued injecting while on MMT are needed, as are efforts to improve access to HCV treatment.

Disclose of interest: none