

LOW TEST UPTAKE OF HEPATITIS C AND HIV AMONG THE YOUNG SEEKING DRUG USE TREATMENT IN DENMARK BETWEEN 1996-2015.

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Introduction:

Multiple cross-sectional studies have described the HIV+hepatitis prevalence in persons who use drugs but linking registries using unique personal identifiers can help evaluate long term outcomes.

Our aim was to evaluate testing uptake, HIV and Hepatitis C(HCV) prevalence, mortality and linkage to care in people seeking treatment for drug use.

Methods:

Register based cohort study. Baseline cohort: Registered in the national drug use treatment database(SIB) since 1996 in the region of Funen, Denmark. Test results for HCV+HIV obtained from the regional laboratory. Date of death from the Danish Death Register. Linkage to care from the regional database for hepatitis.

Results:

The cohort included 5546 persons (571 dead). Median age 33(14-74, 40% <30-years-old). For the overall population vs. 20-30-year-olds the OST uptake was: 33%/4%, ever injecting: 42%/20% and "opioid/central stimulants": 70%/58%. HCV test uptake 54% and HIV 60% (0,7% anti-HIV positive). Being on OST and reported injecting was highly associated with being tested for HCV(OR 3.5 and 2.2, respectively). Test uptake if on OST ranged from 94% in 50+-year-olds to 78% in <30 year-olds. Prevalence of current HCVRNA+ ranged from 44% in the 60+ ever on OST compared to 18% in OST recipients under 30. First time testers being antiHCV+ decreased from 50% (1997) to 10% (2015). Overall mortality rate(MR): 1.2%. MR was 2.8%/1.5% in HCVRNA+ versus in HCVRNA-/antiHCV+. Linkage to care for HCVRNA+ was 58%(same for young group) and 26% of these had accessed HCV treatment..

Conclusion:

HCV test uptake among people on OST is high. Chronic HCV prevalence is low among <30-year-olds, but many young injectors are not on OST. Mortality rates were significantly higher among HCVRNA+ than those with cleared or treated infection. Findings suggests need for efforts targeting young injectors and improved linkage to care for all.

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