HCV and HIV seroprevalences and at-risk behaviors among drug users, InVS-ANRS-Coquelicot Study, France, 2004

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Background

In France, a harm reduction policy was implemented for drug users (DUs) in 1993. Prevalence surveys among DUs monitored self-report HIV and HCV prevalences. Self-report underestimates HCV prevalence.

The National Institute for Public Health Surveillance did a sero-epidemiological study among DUs in 2004 to estimate HCV and HIV seroprevalences, to compare self-reported and biological prevalences, and to describe at-risk behaviors.

Methods

Between September and December 2004, a cross-sectional multicenter survey was done among DUs having injected or snorted drugs at least once.

DUs were recruited in 5 towns (Lille, Strasbourg, Paris, Bordeaux, Marseille) through low-threshold services, needle exchange programs, drug treatment centers, post-treatment centers, therapeutic apartments and general practitioners.

DUs were included according to a two-stage stratified sampling design. First, services and survey days were randomly selected. Second, DUs were randomly selected among attendees in those days. A sociobehavioral questionnaire was administered by professional interviewers.

Selected DUs were also asked to self-collect a fingerprick blood sample with a micro-blade on blotting paper. Blotting papers were tested for HIV and HCV antibodies by EIA.

Prevalences and proportions were estimated taking into account the survey design using the Stata8 software.

Results

Of all DUs selected (2389), 1462 (61%) accepted to participate, 74% were men and the mean age was 35 years.

HCV seroprevalence was 59.8% [95% Confidence Interval (CI): 50.7-68.3]. Of DUs under 30 years, 28% [95%CI: 17.1-41.8] were HCV seropositive (figure 1).

HIV seroprevalence was 10.8% [95%CI: 6.9-16.6]. Only 0.3% [95%CI: 0.6-1.5] of DUs under 30 years were HIV positive (figure 1).

Of HCV-infected DUs, 27% [95%CI: 19.4-36.9] were unaware of their status.

HIV self-reported prevalence was quite similar than biological prevalence.

Of all DUs, 10.2% [CI95% : 6.3-15.9] were HIV/HCV coinfected.

Conclusions

According to previous studies, harm-reduction policy seems to have had a marked impact on HIV transmission among French DUs (40% in 1988 versus to 20% in 1996 and 10.8% in 2004), but a much more limited impact on HCV (51% in 1993 versus 57% in 1996 and 59.8% in 2004).

Our results suggest that self-report was reliable for HIV but not for HCV, stressing the need for regular HCV testing of DUs.

High HCV seroprevalence among young DUs suggests that they had been infected early during drug use.

High-risk behaviours still persist, particularly among young DUs which may contribute to sustain HCV and HIV transmission in this population in years to come.