



# Low rates of screening for HIV and hepatitis C among injection drug users not engaged in primary care: A community-based survey

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## BACKGROUND

The CDC has recommended expanded testing for HIV and hepatitis C (HCV) in health care settings to reduce the number of undiagnosed cases in the US.<sup>1,2</sup> Injection drug users (IDUs) have high morbidity and mortality as a result of non-sterile injecting practices, injecting-related injuries, direct drug effects and/or lifestyle factors associated with drug use.<sup>3</sup> This puts them at high risk for HIV and HCV.<sup>4</sup> As of 2009, there were at least 48,000 estimated cases of HIV due to IDU.<sup>5</sup> Unfortunately, they often have poor access to health care.<sup>6</sup> Furthermore, it is estimated that 60%, approximately 17,000, of the 30,000 new cases in 2000 of HCV occurred among IDUs.<sup>6</sup> It is estimated that 50% of IDUs become infected with HCV within 5 years of beginning injection drug use.<sup>6</sup> Many seek care at emergency department and, as such, fail to receive appropriate preventative care. There is a subset of IDUs who use safe injection practices as evidenced by their commitment to needle-exchange programs. Evidence is mounting that needle exchange programs help decrease HIV and HCV transmission.<sup>7,8</sup> Little is known about actual screening rates for HIV/HCV in this subset of IDUs. We investigated the use of community-based HIV/HCV screening among IDUs utilizing a needle exchange program.

## METHODS

- Lifepoint Needle Exchange is a statewide program offering free syringe exchange and HIV/HCV prevention services to IDUs in 11 cities across Wisconsin. Clients who inject drugs are encouraged to undergo HIV and HCV screening at least every six months and tests are provided free-of-charge upon request.
- We invited Lifepoint clients to complete an anonymous, 88-question, computerized survey that assessed frequency of HIV/HCV testing, injection-related risk behaviors, and access to medical care.
- Multiple logistic regression was used to identify factors associated with receiving recommended semiannual screening for HIV and HCV.

Table 1. PARTICIPANT DEMOGRAPHICS

Total Participants (N)	553
Age (Median)	28 (Interquartile 23-36)
Sex (%)	
Male	69
Race/Ethnicity (%), self-reported, more than one may apply	
White	83.2
Black	11.6
Hispanic	6.7
Employment Status (%)	
Unemployed	61.6
Area of Residence (%)	
Urban	41.9
Education (%)	
Less than high school diploma	22.8
HS Diploma	32.7
More than high school diploma	44.5
Frequency of injection (%)	
≤ Weekly	31.7
≥ Once daily, everyday	68.3
Hepatitis C Status (%)	
Not active (treated/cleared)	20.3
Active	54.1
Don't know	25.7
Last HCV test (%)	
>1 year ago	19.9
Never	10.7
No. of individuals who reported confirmed HIV seropositivity	4 (0.7%)
Last HIV test	
Never	5.3
Past 6 months	64.1
Past year	15.7
>1 year	17.9

## HIGHLIGHTED RESULTS

- Age less than 30, intent to get tested in the next year, and visit with PCP visit within past 6 months predicted HIV and HCV testing within the past year
- Having health insurance, including Medicare or Medicaid, was associated with increased HIV and HCV testing, but this was not statistically significant
- Unsafe injection practices and high risk IDUs were not significantly associated with a change in HIV or HCV screening behavior

## CONCLUSIONS

Despite the availability of free testing for HIV and HCV at a highly-utilized, community-based needle exchange program, a minority of IDUs receive recommended screening through this venue. Access to and utilization of primary health care is a strong predictor of receiving screening for HIV and HCV. Further efforts should be made to help IDUs engage in primary care. Furthermore, our data suggest that younger IDUs are more likely to be screened for HIV and HCV. This may be attributable to increased awareness of risk of disease among younger persons. Efforts should be made to continue to encourage younger IDUs to be tested, but further community efforts should be made to engage older IDUs in screening.

## REFERENCES

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Table 2. HIV AND HCV SCREENING

Participant characteristics (N=553)	HCV Testing within 1 year No. (%)	Unadjusted OR (CI)	Adjusted OR (CI)	HIV Testing within 1 year No. (%)	Unadjusted OR (CI)	Adjusted OR (CI)
<b>Age</b>						
<30 years	226 (74)	1.65 (1.15-2.37)	2.30 (1.15-4.59)	245 (80)	1.57 (1.05-2.33)	2.2 (1.04-4.65)
<b>Last PCP visit</b>						
Past 6 months	129 (77)	2.65 (1.3-5.4)	3.00 (1.37-6.5)	138 (83)	2.75 (1.30-5.82)	3.4 (1.5-7.5)
<b>Intention to get tested</b>						
Do plan to get tested in next year	378 (71)	7.88 (2.52-24.5)	9.46 (1.8-48.9)	417 (78)	8.70 (3.00-25.2)	10.4 (1.9-56.7)
<b>Health Insurance</b>						
Yes	192 (74)	1.50 (1.03-2.16)	0.94 (0.42-2.08)	206 (79)	1.31 (0.877-1.95)	0.63 (0.25-1.52)

Figure 1. FREQUENCY OF HIV AND HCV TESTING IN PAST YEAR BY SELECTED CHARACTERISTICS

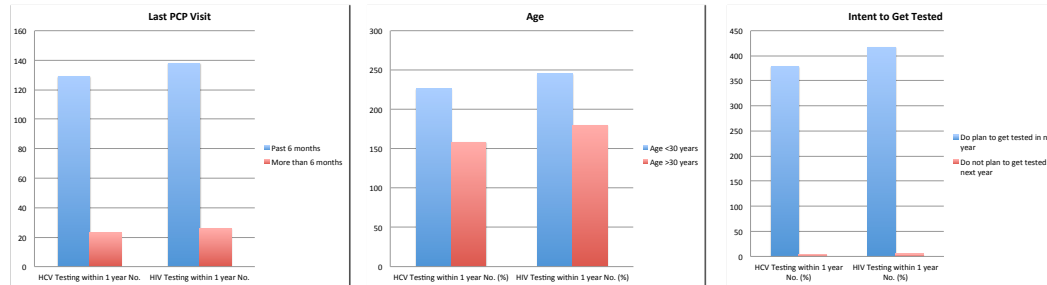


Table 3. IDUs with High Risk Practices are No More Likely to Undergo HIV/HCV Testing

Participant characteristics (N=553)	HCV Testing within 1 year No. (%)	Unadjusted OR (CI)	HIV Testing within 1 year No. (%)	Unadjusted OR (CI)
<b>Injection Practices</b>				
Never reused needles	62 (74)	0.77 (0.45-1.3)	67 (80)	0.811 (0.46-1.44)
Ever reused needles	322 (69)		358 (76)	
Never reused a filter	197 (71)	0.88 (0.62-1.27)	218 (78)	0.85 (0.57-1.26)
Ever reused a filter	187 (68)		207 (75)	
Never split drugs	266 (69)	1.00 (0.68-1.49)	292 (76)	1.13 (0.73-1.75)
Ever split drugs	118 (69)		133 (78)	
Never shared a cooker	144 (70)	0.98 (0.675-1.42)	162 (78)	0.87 (0.576-1.31)
Ever shared a cooker	240 (69)		263 (76)	
Never shared rinse water	190 (71)	0.85 (0.59-1.21)	208 (78)	0.88 (0.59-1.31)
Ever shared rinse water	194 (68)		217 (76)	
Never shared a container	172 (70)	0.91 (0.63-1.3)	192 (79)	0.82 (0.55-1.22)
Ever shared a container	212 (68)		233 (75)	
<b>Consequences of injection drug use</b>				
Suffered overdose	121 (72)	1.18 (0.79-1.75)	135 (80)	1.31 (0.84-2.03)
Infection that required hospitalization	30 (77)	1.53 (0.71-3.3)	32 (82)	1.42 (0.61-3.31)
Skin abscess or boil	115 (73)	1.28 (0.85-1.93)	125 (79)	1.2 (0.78-1.91)
Endocarditis	4 (57)	0.59 (0.13-2.67)	5 (71)	0.76 (0.14-3.96)
Passed out while driving	60 (69)	0.99 (0.60-1.63)	64 (74)	0.82 (0.49-1.38)
Go to jail as a result of IDU	167 (73)	1.37 (0.94-1.98)	180 (79)	1.21 (0.81-1.82)
More than a month in prison	50 (69)	1.01 (0.59-1.74)	52 (72)	0.76 (0.44-1.33)