The Rise of Hepatitis C/HIV Co-infection amongst PWID’s in Tshwane

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The estimated number of accessible PWID’s in Tshwane ranges from 568 to 1431. (UNAIDS, 2015)

Their high risk for HIV infection are attributed to unsafe injection and sexual practices. (Scheibe et al., 2017)

Limited HIV related services are available for PWID’s in RSA, due to abstinence based public services and prohibited access to the costly private sector. (UNAIDS, 2016)

These unmet health needs emphasizes the need for the development of appropriate diagnostic tools and treatment approaches. (BCW, 2011)
Global Commitments to Protect Health & Human Rights of PWID’s

Methodology

Condom Distribution
Opioid Substitution Therapy
Needle & Syringe Programs
Prevention, Diagnosis & Treatment of TB
Focused Education for PWID’s & Sexual Partners
Prevention & Treatment of STI’s
HIV Counselling & Testing
Antiretroviral Therapy
Opioid Overdose Management
Prevention, Diagnosis, Vaccination & Treatment of Viral Hepatitis

UNAIDS, 2017
Indicators

Population

PWID’s
At risk

Screening

HIV
HCV
HBV

Period

October 2015 – March 2017

Data Sources

Demographics
Baseline Infection Status
Serial Screenings
Results

Participant Demographics: Gender & Ethnicity

1065 Participant Records Sampled

Male
- Caucasian: 19%
- Coloured: 2%
- Indian: 4%
- African: 74%

Female
- Caucasian: 0%
- Coloured: 0%
- Indian: 0%
- African: 1%
Outcomes: Prevalence

Infection Prevalence

Results

Period Prevalence

HBV 10.89%
HIV 33.99%
HCV 69.20%

Singular vs Co-infection

Singular Infection 21%
Co-Infected 48%
Negative to all 31%
Outcomes: Serial Screenings

Donor Participants: 135 migrations

Baseline:
- HBV HIV (n=3)
- HIV (n=14)
- HCV (n=26)
- HBV (n=2) Negative to all (n=8)
- Negative to all (n=3)
- HCV (n=100)

Migration:
- HCV 5.8% (n=17)
- HIV 19.5% (n=26)
- HCV HIV 7.4% (n=10)
- HCV HIV 2.2% (n=3)
- HIV HBV 3.7% (n=5)

End Point:
- HCV HBV HIV (n=1)
- HCV HIV (n=16)
- HCV HIV (n=24)
- HCV HBV HIV (n=2)
- HCV HIV (n=10)
- HCV HBV HIV (n=3)
- HCV HIV (n=5)

Results:
- 295 Serial Screenings
- 45.8% (n=135) Acquired Additional Pathogens
- 54.2% (n=160) Unchanged
- 32.6% (n=44) HIV
- 22.2% (n=30) HCV
- 5.9% (n=8) HBV

Negative to all (n=10)

HCV HBV HIV (n=3)
Harm Reduction Interventions to Treat HCV, HBV & HIV Infection in PWID’s

Recommendations

Comprehensive Patient Centered Disease Management

- Community Outreach
  - Mobile Clinics
    - Point of Care Investigations
      - HCT
      - HBV, HCV, RPR
    - DOT
  - Peer-led Outreach
    - Health Education & Awareness
      - Condom Distribution
      - Adherence Support
  - Laboratory Investigations
  - Referral Pathways
  - CCMDD for ART
  - Liver Scan
  - Staging
  - HCV Treatment

- Public-Private Partnerships
  - Laboratory Investigations
  - Referral Pathways
  - CCMDD for ART

- Specialized Sessional Services at PHC Facility
  - Opioid Substitution Therapy
  - Needle & Syringe Programs

- Other Interventions
  - Immunization for HBV
  - Drop-in Centre
Conclusion

The lack of accessible, appropriate HIV and HCV treatment services to one of the most at risk population has led to a public health crisis.

- Focused harm reduction interventions including point-of-care diagnostic tools and community-based treatment protocols are required to develop a patient-centered management approach.
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