

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

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Background

Purpose



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)

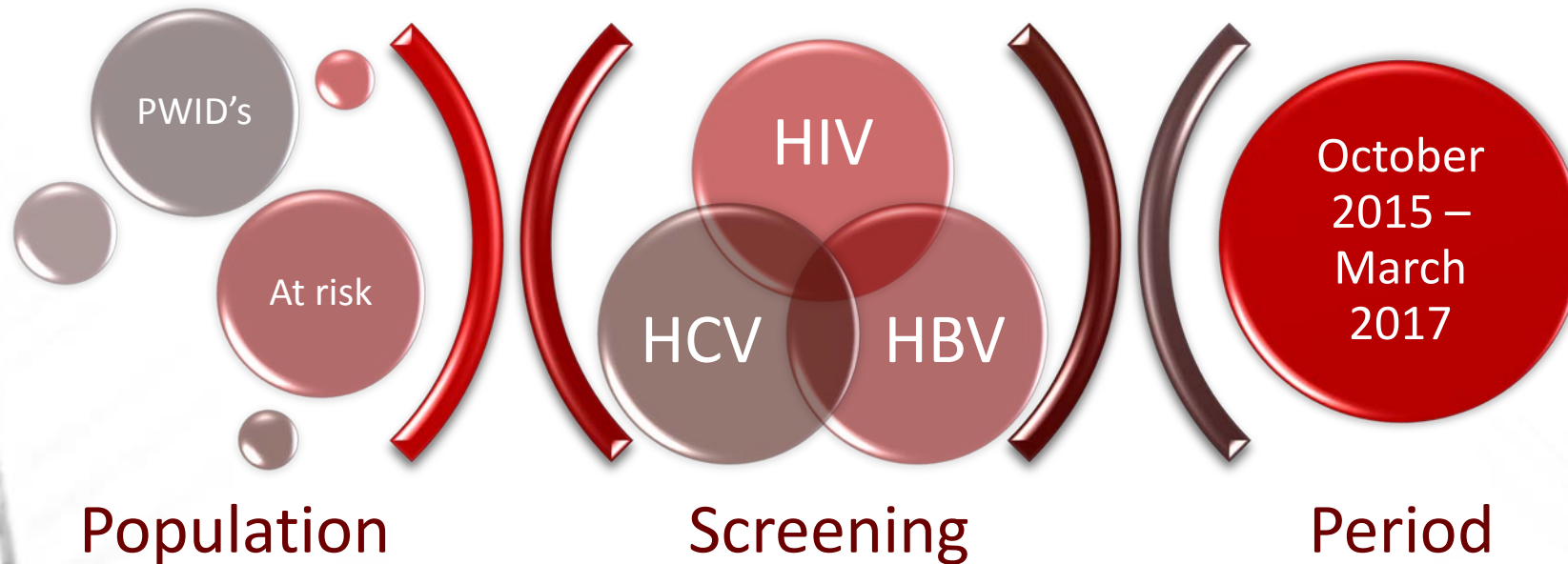
Methodology

Global Commitments to Protect Health & Human Rights of PWID's



Methodology

Indicators



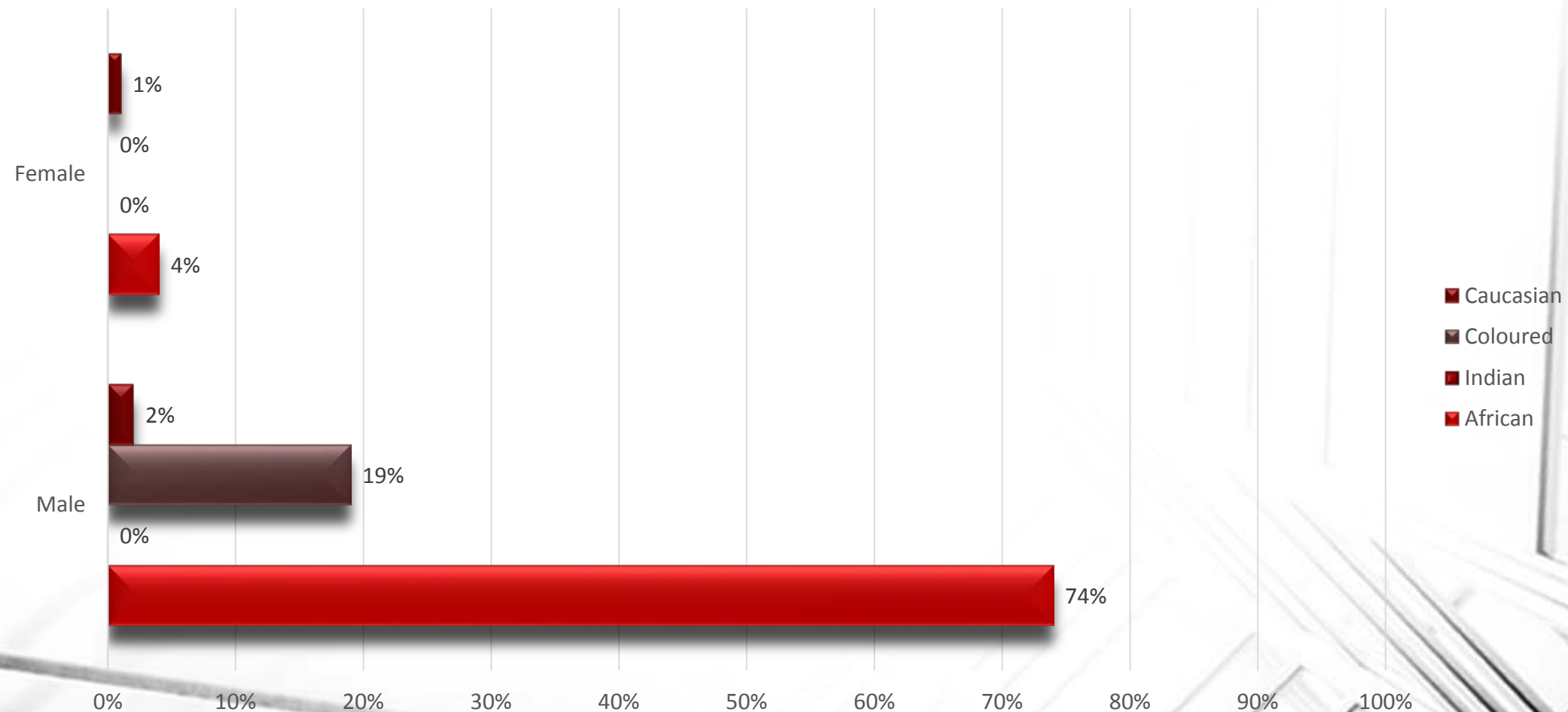
Data Sources



Results

Participant Demographics: Gender & Ethnicity

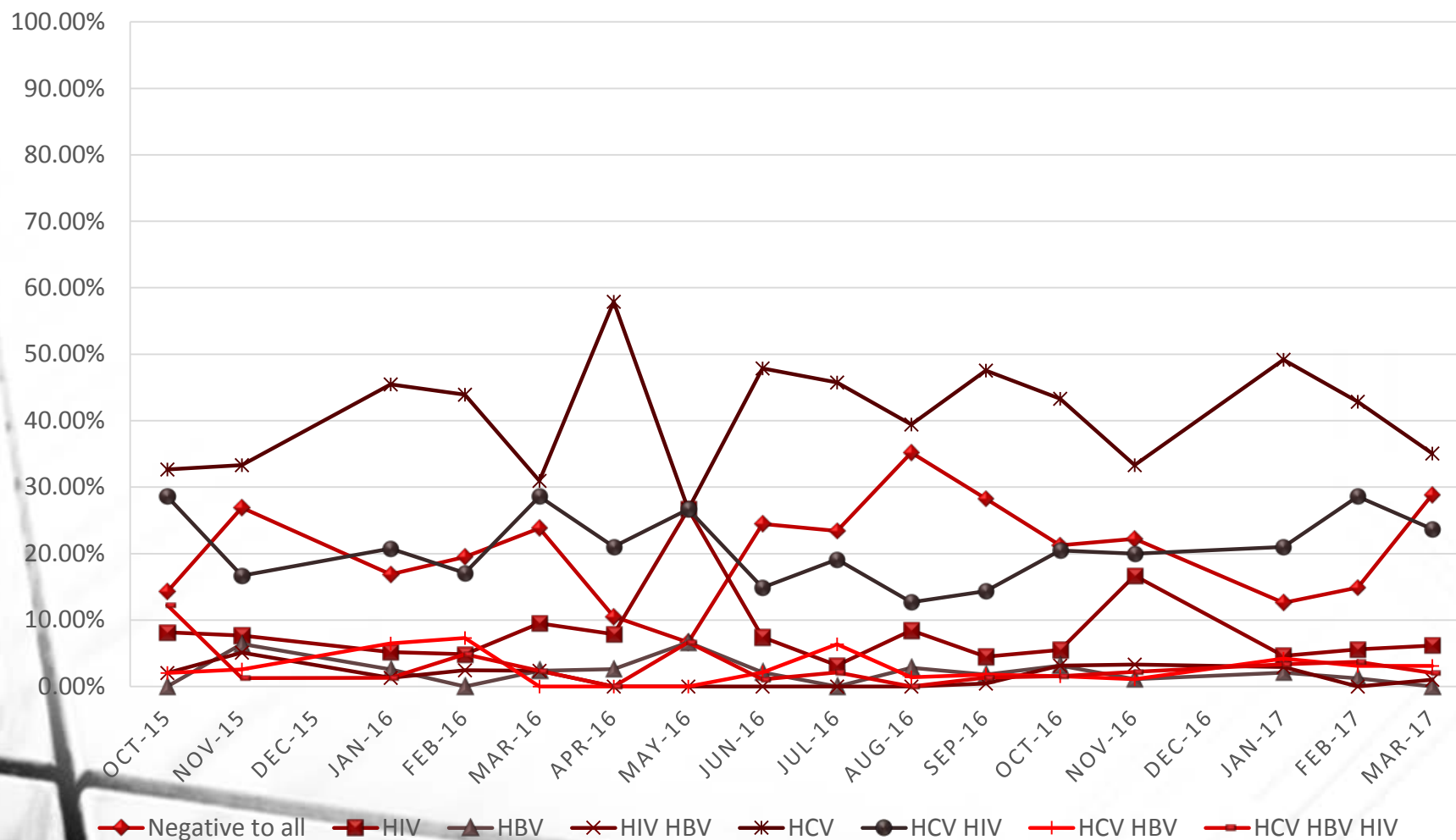
1065 Participant Records Sampled



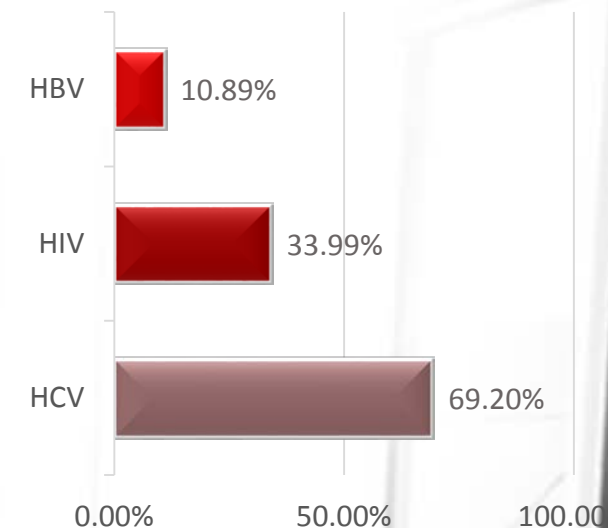
Results

Outcomes: Prevalence

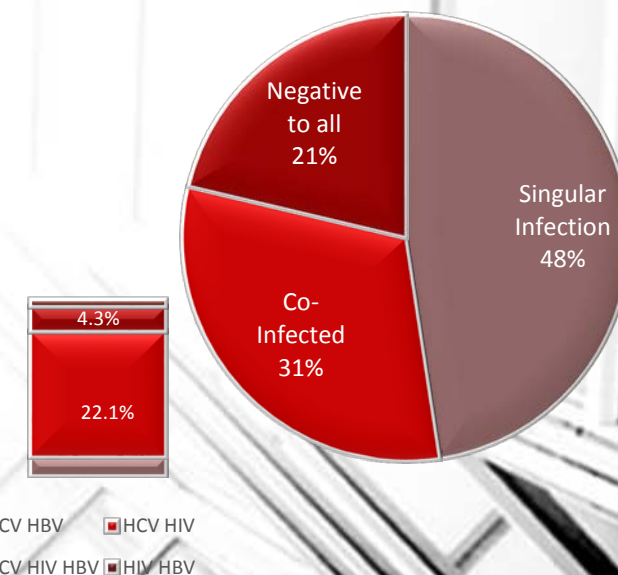
Infection Prevalence



Period Prevalence

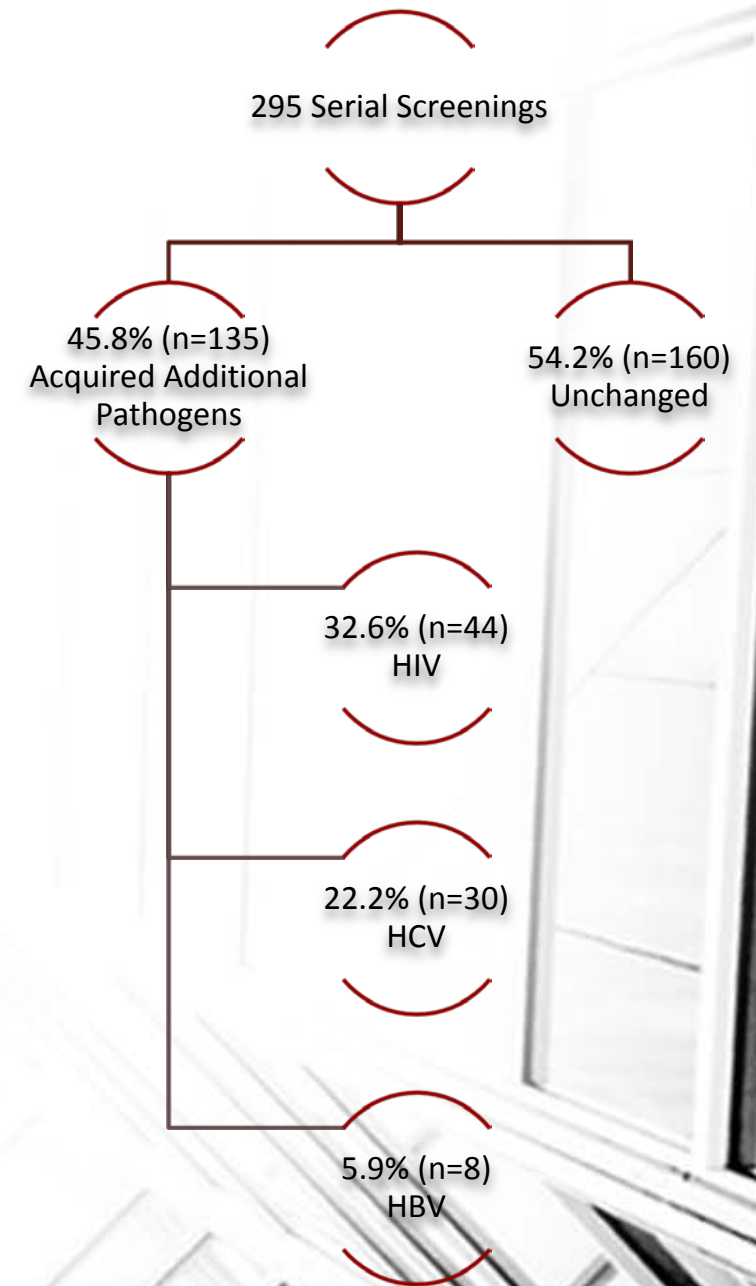
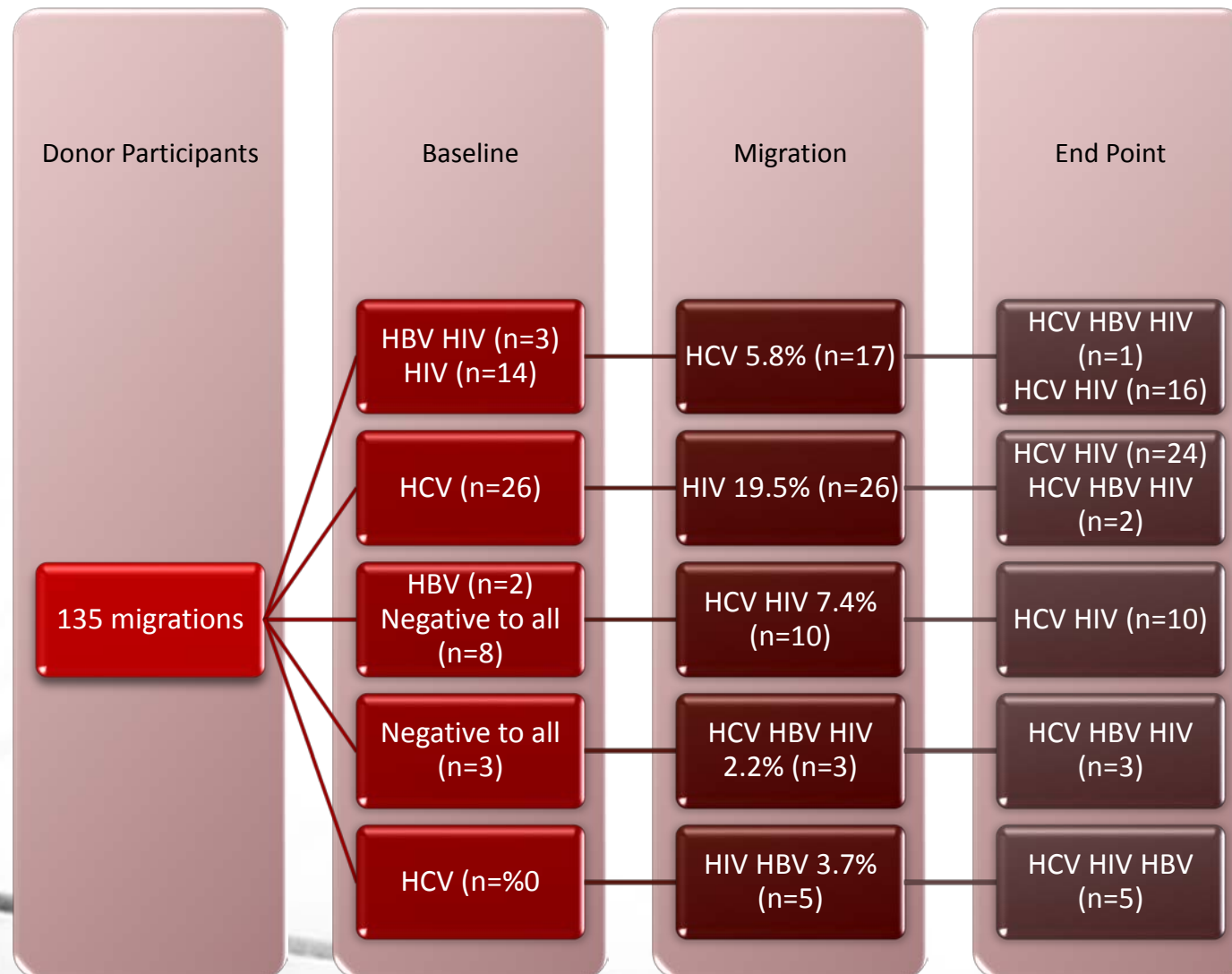


Singular vs Co-infection



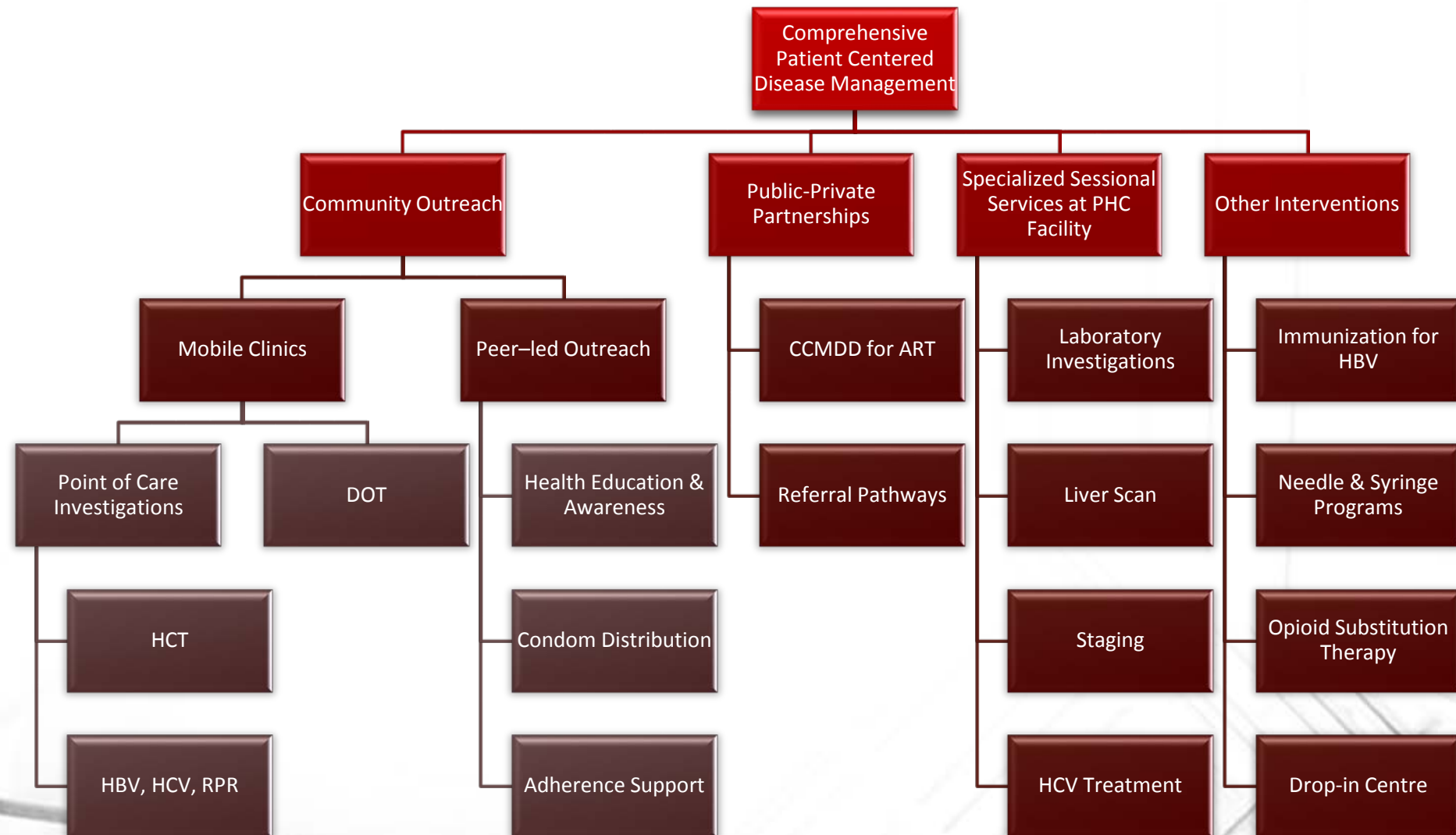
Results

Outcomes: Serial Screenings



Recommendations

Harm Reduction Interventions to Treat HCV, HBV & HIV Infection in PWID's



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.

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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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