p<0.001) and greater VLS (AOR=3.88, P<0.001) than SOC. However, those that received 6MMD also had better adherence to ART (AOR=1.42, p=0.001) and higher VLS (AOR=1.65, p<0.001) than SOC. Conclusions: A large proportion of eligible clients were initiated on multi-month dispensing in either three- or six-month prescriptions with reduced clinical visits and extended ART refills. The study also validates that the shift to multi-month prescription schedules and provides evidence of better adherence to ART and viral load suppression.

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A joinpoint regression analysis of trends in HIV incidence in Brazil over 20 years

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Introduction/Objectives: The HIV/AIDS epidemic, involving infection by the etiological agent Human Immunodeficiency Virus (HIV) or illness by Acquired Immunodeficiency Syndrome (AIDS), began in the early 1980s and involves diverse dynamics. This study aimed to describe the temporal evolution of ratios of HIV infections e AIDS cases in Brazil and in each of the country's states between 2000 and 2019 among subjects of both sexes 13 years and older using the joinpoint regression method. Methods: This ecological study analyzed temporal series of standardized incidence of HIV/AIDS stratified by sex. Incidence data was accessed from the Brazilian National Disease Notification System (SINAN) from the Brazilian Health Ministry. Populational data was accessed from the Brazilian Institute of Geography and Statistics (IBGE). Trend analyses were produced by joinpoint regression models and obtained by annual percent change (APC) and average annual percent change (AAPC).
Results: During the study period, there were 773.893 notified cases in Brazil. Trend analysis by state indicated rising incidence for both sexes (AAPC > 0) in the country's North and Northeast regions and a decline trend (AAPC < 0) in the South and Southeast regions. There was a general trend of decline in incidence among male population (AAPC = -0,6; CI95% - 0,1; 0) and rise among female population (AAPC = 1,4; CI95% 0,8; 1,9). Conclusions: Higher incidence was observed among male population. Analysis by state indicated distinct trends in different regions of Brazil. These disparate trends suggest a national scenario of social inequality.

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Patients presenting to a united states academic health center emergency department following opioid overdose show elevated rates of Hepatitis C and limited testing history

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Background and Objective: Cases of acute Hepatitis C Virus (HCV) increased approximately 3.8-fold between 2010 and 2017 due, in part, to increasing injection drug use and surveillance. Furthermore, multiple HIV outbreaks in Europe and North America have been attributed to injection drug use. Emergency departments are uniquely situated to address infections among people using opioids given their limited utilization of other healthcare resources. This review assesses prevalence, testing history, and potential benefit for screening of HIV and HCV among patients presenting to emergency departments following an opioid overdose.
Methods: 134 emergency department encounters at an academic medical center in the central United States representing 120 unique patients diagnosed with poisoning by opioids between January 2021 and May 2022 were included in the analysis. Emergency department and most recent primary care visit notes, as well as laboratory results from January 2000 to May 2022 were reviewed for history of HIV and HCV testing and viral load.
Results: 48 patients (40%) had a history of HCV testing and 54 (45%) had a history of HIV testing. 20 patients had tested positive for HCV (41.6% of tested, 16.7% of total), and 1 had tested positive for HIV (1.9% of tested, 0.8% of total). 8 patients had detectable HCV viral loads, 6 were virologically suppressed, and 6 had no documented quantitative testing. 1 patient had a detectable HIV viral load.
Conclusions: There is a substantial burden of HCV among individuals presenting to American emergency departments following opioid overdoses. Universal HCV screening for individuals being observed following an overdose could detect many undiagnosed HCV infections. These results have been reported to the state government which plans to implement a program to test all emergency department patients suspected of opioid abuse for HCV and to coordinate treatment for those who test positive.

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Anti-HCV testing acceptance and seroconversion rates among people who use drugs and are under opiate substitution treatment (Hippocrates Epidemic Detection System)

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Background and Objective: People who use drugs (PWUD) are at high-risk for hepatitis C virus (HCV) infection. Opiate substitution treatment (OST) reduces the risk of infection. Testing opportunity acceptance and seroconversion rates among PWUD under OST are of great importance for public health. Methods: AntiHCV rapid test was offered free of charge to all individuals under OST in Athens (N=2,892) from Sep2021 to Oct2022. A retrospective analysis of data collected was conducted. In total, 83.3% were male, mean (SD) age 51(9) years, 56.3% buprenorphine/43.7% methadone, in OST public units of large(>200patients:35.3%), medium (100-199patients:31.5%) or small capacity (<99 patients:33.2%).
Results: From 2,892 participants 2040(70.5%) have a previous positive test and were not retested. AntiHCV test was performed to 540 out of 852 eligible persons (63.4%); Of the 312 not tested, 42(13.5%) refused screening, 8(2.6%) were temporarily out of OST and 262/312(84%) did not present for testing due to unknown reasons. Tested individuals didn't differ significanlty with those who refused testing with respect to gender, age and opiate substitution substance. Refusal rate was slightly higher in medium-capacity units (19.9%) vs smaller (14.9%) and larger (13%) ones, however the differences were not statistically significant. No significant differences were observed among patients who refused testing and the rest not screened. In total 103/540(19.1%) were found AntiHCV(+). Seroconversion, defined as a positve rapid test in a known antiHCV (-) individual, was documented in 98/540(18,1%) and it was higher in large-capacity (24.3%) compared to medium-capacity units (6.9%) (p<0.001). Seroconversion rate was higher in methadone participants (21.3%) vs buprenorphine (15.4%), although the difference was not statistically significant. Rates didn't differ significantly by sex and age. Conclusions: High rates of antiHCV seroconvertion are documented among PWUD even when under OST. Further study on high-risk behaviors while under substitution is needed. Testing acceptance by PWUD is a challenge even when test is offered free of charge in a treatment setting.

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Epidemiological Burden of Hepatitis B Infection among Military Personnel in Khartoum State

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Background and Objectives: Viral hepatitis has been identified as the seventh leading cause of mortality worldwide. In 2015 an estimated 1.34 million deaths in the world is due to viral hepatitis, approximately half (47%) are related to hepatitis B virus (HBV). The WHO classified Sudan among the highest-burden countries for hepatitis B virus infection (>8%). Living in military camps and being at a greater risk for injury and hospitalization results in a higher risk of HBV infection acquisition among military personnel. Sudan has launched the first national strategic plan on viral hepatitis from 2019 – 2025. The aim of this study is to assess the epidemiological burden of HBV infection among military personnel to help in the implementation of the national strategic plan.
Methods: A sample of 770 military personnel was selected by stratified cluster sampling. Seroepidemiologic and questionnaire survey tools have been used to collect the data, and SPSS was used for analysis.
Results: A seroepidemiologic survey was conducted among 770 active military personnel working in four areas in Khartoum State. More of them are male (91%), and only (9%) are female. The majority age group is 18 -30 years (46.5%), and (34.8%) of the group is 31 – 45 years. The seroprevalence HBsAg among military personnel was 8.9%. The study indicated an association between the age 31-45 years and HBV infection P>0.05, and between the deployment duration and HBV infection P>0.05. The study showed a low awareness about the disease (35%), mode of transmission (43%), and taking treatment (23%).
Conclusions: HBV infection among military personnel was high and the main risk factors the age, education, and longer deployment duration. Poor disease awareness and delays in treatment increase the disease burden. Screening surveys, treatment with regular follow-up visits, health education, and vaccination program are needed for disease control.

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