

## **O6. A care model with good retention yielded to control of HIV outbreak among injecting drug users (IDU) in Helsinki area**

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### **Background**

Coverage of antiretroviral therapy (ART) has been argued to play a crucial role in limiting the spread of HIV in a population. An outbreak among IDUs in the Helsinki area surfaced in 1998. A comprehensive care centre for HIV-infected IDUs was opened at the end of 2000. The centre has provided social services (assistance in accomodation, meals, assistance in getting social benefits), addiction medicine services, including low threshold methadone maintenance, needle exchange and infectious disease services for marginalised IDUs who have HIV infection. For those preferring to use normal medical services, it has always been possible for them to attend the hospital infectious disease out-patient clinic. We report here the temporal sequence of retention in care and coverage of ART and their relation to newly detected HIV cases amongst IDU in Helsinki area.

### **Methods**

The number of newly diagnosed HIV with risk behaviour as IDU, the number of patients from the IDU risk group, the number on ART and virological outcome of ART were obtained from the hospital HIV care register. The number of HIV-infected IDUs not attending care at the comprehensive centre or at the infectious disease clinic has been documented annually by the public health social worker.

### **Results**

At the time of the outbreak of HIV among IDUs, and up until 2000, infectious disease services were available only at the infectious disease clinic when 53%(67/126) of known HIV-infected IDUs were retained in medical services. The proportion of known HIV-infected IDUs retained in care increased after opening of the comprehensive centre to 98 % (198/203) in 2003 (Figure). Thereafter the retention in care has remained > 90 %. The number of newly diagnosed with HIV fell from 40 in 2001 to nine in 2004. The coverage of ART in this cohort exceeded 50 % in 2005.

### **Conclusions**

Development of a comprehensive care system that retained the great majority of known HIV-infected IDUs in Helsinki coincided with a persistent decline in the number of newly diagnosed HIV cases amongst IDUs. The coverage of ART did not coincide with the greatest decline of incidence. A good coverage of ART in the cohort has probably contributed to a sustained low incidence. However, new outbreaks of HIV among IDUs are still possible, because drugs used intravenously remains common in Helsinki.

