PO205

Community-based HIV and hepatitis C testing among MSM and vulnerable groups in Estonia, 2023–2025

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Eesti HIV-positiivsete Võrgustik

Key findings

2,848
unique clients
median age 35 years; 94% MSM

3.5%
new HIV-positive screens
among clients without a known HIV diagnosis

6.3%
reactive HCV antibody screens
among clients tested for hepatitis C

Introduction

The HIV epidemic in Estonia has historically been concentrated among people who inject drugs [1]. A previous study showed [2] that MSM frequently reported sex accompanied by psychoactive substance use. Younger age and recent immigration were associated with a higher probability of undergoing HIV testing; HIV+ status was associated with older age, IDU, and chemsex practices. HIV prevalence among MSM has shown an increase, while ARVT is provided free of charge [3].

HCV prevalence has decreased in the general population [4], but remains poorly described among MSM [1]. HCV treatment is available to people with health insurance, whereas uninsured people face financial barriers. Estonia has no national guideline specifically addressing treatment of acute HCV infection. Publicly funded DAA treatment is currently specified for chronic HCV infection.

With financial support from the *Elton John AIDS Foundation*, the EHPV implements “MSM Control Point” programme to improve HIV prevention services in Estonia

Objective

To identify factors associated with newly detected HIV and reactive HCV antibody screening in a community-based programme, and to provide strategic information to support community advocacy

Methods

We analysed routine programme data for **1 July 2023–30 June 2025** on participants recruited in LGBT venues and events of the biggest Estonian cities. Participation and testing were voluntary and uncompensated. Clients completed a standardised questionnaire; a client code allowed unique clients to be distinguished. HIV and HCV testing included pre- and post-test counselling and linkage to confirmatory diagnosis and ART after a reactive screening result

Results: participants and programme reach

	n	%
Men	2,785	98
First-time EHPV clients	2,668	94
National identification		
Estonian	1,245	46
Russian	868	32
Ukrainian	213	8
Other	382	14
Vulnerability factors		
MSM	2,676	94
Migrants, incl. refugees	232	8
Previously imprisoned	54	2
People who inject drugs	38	1
Homeless	76	3
HIV-related characteristics		
Known PLWH before programme contact	176	6
Partners of people living with HIV	90	3
Testing coverage		
HIV tested (without known HIV+ status)	2,685	94
Hepatitis C tested	2,019	71
Screening results		
New HIV-positive	95	3.5
Reactive HCV antibody	127	6.3

Among newly screening HIV+, the median interval from the test to treatment initiation was **6 days**

Results: factors associated with positive screening

New HIV-positive screening was independently associated with:

- migrant status: aOR 3.0 [1.9–4.8]
- being a partner of a person living with HIV: aOR 6.9 [4.2–11.0]

Reactive HCV antibody screening was independently associated with:

- previous imprisonment: aOR 3.7 [1.5–9.0]
- homelessness: aOR 5.5 [2.7–11.0]
- being a partner of a person living with HIV: aOR 3.1 [1.8–5.4]

Results: HCV prevalence does not change

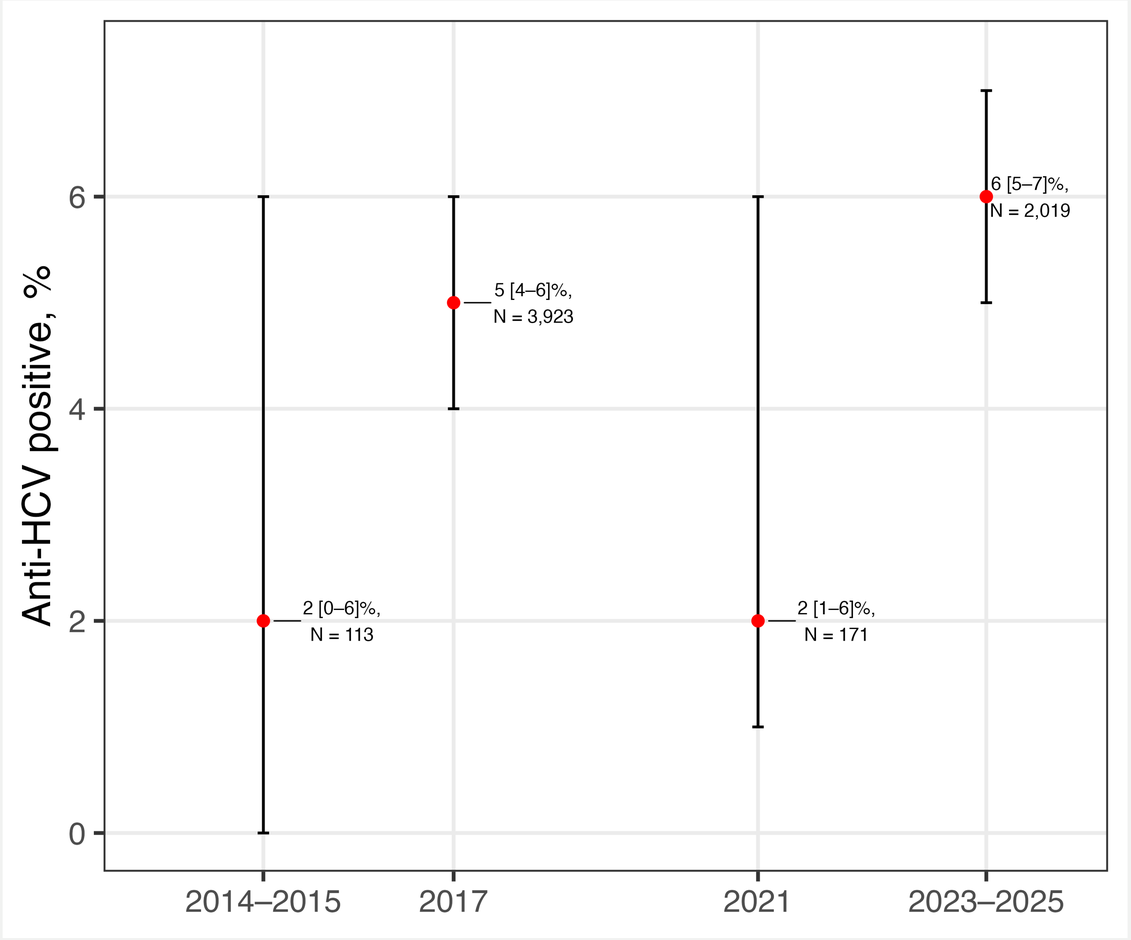

Figure: Dynamics of HCV among Estonian MSM

Data: 2013–2021 — National Institute of Health Development, 2023–2025 — EHPV

Discussion

The continued detection of new HIV infections among MSM (see Table), together with previous evidence of increasing HIV prevalence in this population, suggests that current efforts remain insufficient. Limited support for community-based services, financial barriers to PrEP, and persistent stigma may contribute to gaps in prevention coverage.

In contrast to the declining prevalence of HCV in the general population, available laboratory data (see Figure) suggest no comparable decline among MSM. This is consistent with self-reported EMIS data, which likewise show no clear temporal decline in previous HCV diagnoses among respondents who had been tested (3% in 2010, 3% in 2017, and 1–3% in 2024) [5]. Although differences in sampling and population composition preclude direct temporal comparisons, this pattern further indicates gaps in prevention and access to care among vulnerable groups.

The factors associated with newly detected HIV and reactive HCV screening results are consistent with previous evidence of overlapping vulnerabilities: migration, previous imprisonment, homelessness, IDU, and close connections with people living with HIV occur within partly overlapping populations.

Programme data constitute a cross-sectional convenience sample of service users and should not be interpreted as population prevalence estimates

Conclusions

- Community-based testing identified previously undiagnosed HIV and reactive HCV antibody results among MSM and overlapping vulnerable groups.
- The findings support strengthening targeted HIV and HCV prevention, community-based testing, and linkage to care, with particular attention to people experiencing multiple vulnerabilities.
- Newly detected HIV was linked rapidly to treatment; however, prevention barriers remain, including access to PrEP and limited support for community-based services.
- For hepatitis C, wider rapid testing should be accompanied by improved access to antiviral treatment, including for people without health insurance

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