

# IDU Access to Testing and Hepatitis B Vaccination

**Authors:**

7066 tests

**Odessa, Ukraine**

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## Introduction:

IDUs in Ukraine had not an opportunity to make diagnostic and get vaccination of hepatitis B. Starting from 2010, OCF The Way Home, within the Harm reduction program, provides Hepatitis B immunization. Support the programs of the International HIV Alliance in Ukraine with funding from the Global Fund to fight AIDS, Tuberculosis and Malaria.

## Objectives:

Approbation of activity on Prophylaxis of virus hepatitis B among IDUs in the framework of Harm reduction project.

## Results:

94% of IDUs had a full course of vaccination (1257 of IDUs out of 1333). The reasons of not going through a full course of vaccination are myths, prison, change of accommodation place, death. Side effects were present for 5% of IDUs and were not the reason for revaccination reject. IDUs with long term of drug usage 32% (7-9 years), 30% (10-15 years) and high behavior risks are involved into vaccination. During last 6 months only 42% of IDUs used sterile syringes; only 38% of IDUs didn't use injection drugs which earlier were held in the plates of common use. 34% of IDUs had more than 1 sex partner and only 13% of them used condoms.

## Conclusion:

IDUs didn't have the excess to the programs of hepatitis B prophylaxis. Only 5% of IDUs had tests of hepatitis B earlier. Nobody had vaccination. Social service helps to reach high involvement of IDUs into vaccination (94%).

The role of social workers, medical professionals, and information and education work in deciding IDUs of vaccination and a full program of revaccination. The question: Why did you decide to take a course of vaccinations against hepatitis B? Convinced NGO staff – 45%. Convinced the medical staff – 22%. 33% responded: *Decided vaccinated after participating in the training. Given the information on community center. I visited the training, told about the vaccine and hepatitis want to be healthy. I read the brochures, talked to those who have already made the vaccine. I read about Hepatitis and decided vaccinated.*

## Methods:

Screening tests for hepatitis B using two types of rapid tests HBsAg, HBsAb.

A negative result HBsAg – consent to vaccination, conducting interviews

7066 tests were conducted on hepatitis B (HBsAb) among IDUs in conditions of outreach. Criteria of selection: were not tested earlier or were tested and got negative result. 1333 IDUs were provided with social service for three vaccinations. Test of hepatitis B (HBsAg) were made before vaccination. The vaccination is held in medical authority Odessa Citi AIDS Centre. The conduction of an interview was made before the 1st vaccination and after 3rd revaccination; an interview with IDUs who rejected revaccination.

The negative result of HBsAb – support for vaccination

Vaccination 3  
Vaccination 2  
Vaccination 1

Support of a social worker

## Problems:

- Loss of contact with the client (phone numbers are invalid, to the address indicated in the questionnaire does not live, does not come to receive services on an outreach routes or NSP).
- IDUs forget revaccination; loss of interest in vaccination, the client understands the importance of vaccination with him while discussing her social worker.

## It is important:

- Do not lose IDUs in the period between the second and third revaccination. • Arrange visits to clinic IDUs at the appointed time. • Cooperation with the social worker outreach workers (in the contact information of the client to specify at what outreach worker he receives services). Between revaccination to maintain contact with the client (by phone, in point of service, through outreach workers).

To increase the amount of IDUs tested for hepatitis B and vaccination against hepatitis B. Only 20% of IDUs (from coverage 2013) provided

hepatitis B tests. Only 11% out of 100% of IDUs with negative test results for hepatitis B got the access to vaccination. Prophylaxis of virus hepatitis B is one of key elements of medical help for injection drug users and should be dealt with as an essential component of harm reduction program.