P04/03

HepHIV 2026 by EuroTEST 2-3 NOVEMBER · DUBLIN

M. Ankiersztejn-Bartczak
Foundation for Social Education,
Warsaw, Poland
m.bartczak@fes.edu.pl

Nine Years of Integrated Community-Based Testing within a Harm Reduction Programme for People Who Inject Drugs by Foundation for Social Education in Warsaw, Poland

M. Ankiersztejn-Bartczak[1], M. Cholewik[2,3], J. Broen[4,1], A. Skrzat-Klapaczyńska[3,5]

[1]Foundation for Social Education, Warsaw, Poland, [2]Doctoral School, Medical University of Warsaw, Warsaw, Poland, [3]Department of Adults' Infectious Diseases, [4]Medical University of Warsaw, Poland, [5]Hospital for Infectious Diseases in Warsaw, Warsaw, Poland

OBJECTIVES

People who use drugs (PWUD) remain disproportionately affected by **hepatitis C virus (HCV)**, **HIV** and **sexually transmitted infections (STIs)**, while barriers to conventional healthcare limit timely diagnosis.
Since 2017, a low-threshold harm reduction programme in Warsaw has integrated sterile injecting equipment distribution with community-based point-of-care testing. The Social Education Foundation runs a Mobile Harm Reduction Service in the form of a camper van, primarily serving users in Warsaw.

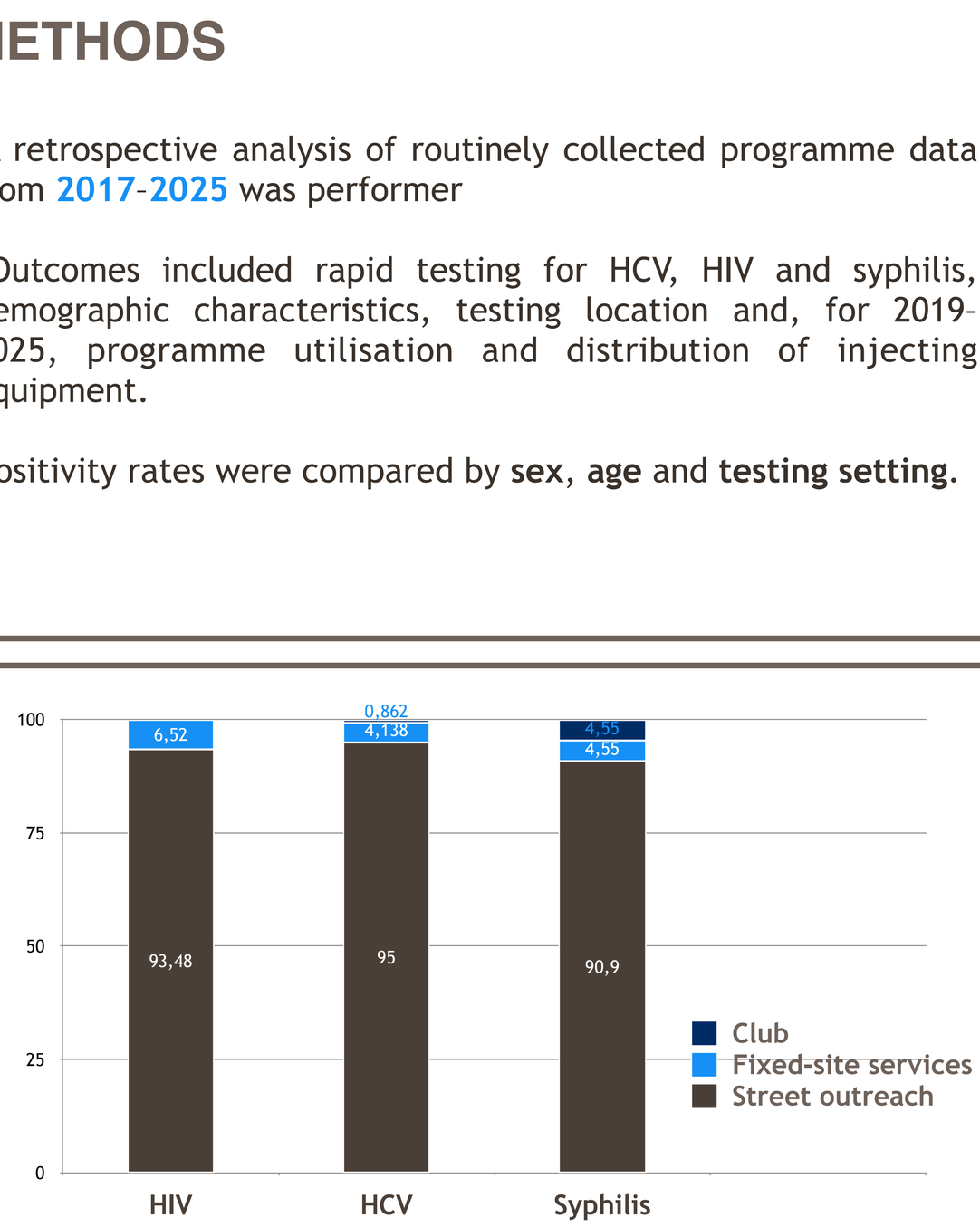
The project combines testing and harm reduction, carried out in collaboration with the PREKURSOR Foundation. We evaluated long-term programme performance and testing outcomes.

METHODS

- A retrospective analysis of routinely collected programme data from **2017–2025** was performer
- Outcomes included rapid testing for HCV, HIV and syphilis, demographic characteristics, testing location and, for 2019–2025, programme utilisation and distribution of injecting equipment.
- Positivity rates were compared by **sex**, **age** and **testing setting**.

RESULTS

Between 2017 and 2025, 3,225 HCV, 3,084 HIV and 3,160 syphilis rapid tests were performed. HCV antibodies were detected in 580 individuals (18.0%), including 189 newly diagnosed infections (32.6% of all HCV-positive results). HIV and syphilis positivity rates were 1.5% and 0.8%, respectively. HCV positivity was significantly higher among men than women (20.9% vs. 12.9%; p <0.001) and among participants aged ≥30 years compared with younger individuals (27.6% vs.3.9%; p <0.001). HIV positivity was also higher among participants aged ≥30 years (2.2% vs. 0.5%; p <0.001). Street outreach identified substantially higher positivity rates for HCV, HIV and syphilis than fixed-site services (all p <0.001). Between 2019 and 2025, the programme distributed 97,988 syringes and 150,949 needles. Annual programme utilisation ranged from 732 to 1,463 clients, with migrants comprising up to one-third of participants, predominantly from Ukraine, Georgia and Belarus.



Street outreach yielded significantly higher positivity rates than fixed-site harm reduction centers and club environments across all tested pathogens.

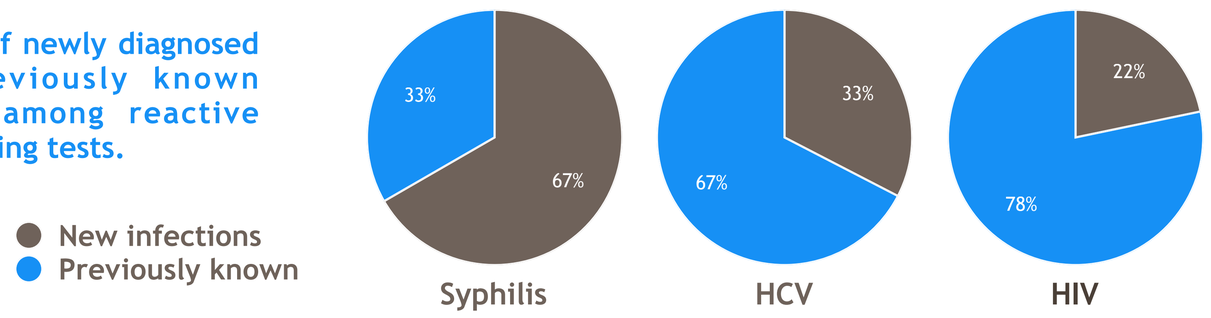
9 469
total rapid tests performed

Even up to
1 463
unique clients annually

97 988
syringes distributed

150 949
needles distributed

Proportion of newly diagnosed versus previously known infections among reactive rapid screening tests.



7-fold higher HCV (27.6% vs. 3.9%) and 4-fold higher HIV positivity (2.2% vs. 0.5%) among individuals aged ≥30 years (both p <0.001)

Male participants had a significantly higher HCV prevalence than females (20.9% vs. 12.9%; p <0.001), accounting for nearly three out of four detected infections (73.6%)

CONCLUSIONS

Integrated community-based testing embedded within a harm reduction programme successfully reached populations at highest risk of blood-borne infections, particularly older PWID, migrants and individuals engaged through street outreach. The high proportion of newly diagnosed HCV infections demonstrates the added value of integrating rapid testing with harm reduction services and supports further expansion of community-based testing and linkage-to-care programmes in Poland.

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Funding: National Centre for Prevention of Addictions (agency of the Polish Minister of Health), the City of Warsaw, LHL International (2024–2026), and project grants from GSK/ViiV Healthcare and AbbVie.