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HIV infection among persons who inject drugs: ending old epidemics and addressing new outbreaks: authors' reply

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First, we would like to thank Cazein *et al.* [1] for their positive comments on our article and for providing additional data about the situation in France with respect to HIV among persons who inject drugs (PWID).

The HIV data provided by Cazein *et al.* [1] indicate an incidence of 86/1000 person-years. This is the same estimated incidence that we used in our article [2], and that led us to conclude that the HIV epidemic among PWID in France has 'ended'.

Note that our definition of 'ending' an HIV epidemic is achieving and then maintaining very low HIV incidence among PWID. 'Ending an epidemic' does not mean a total absence of new infections, or that all HIV seropositive PWID are receiving timely and effective antiretroviral treatment or hepatitis C transmission has been brought under control. These problems continue in all of the places in which HIV transmission was reduced to very low levels. We focused on 'ending HIV epidemics' among PWID not because ending HIV epidemics solves all of these related problems, but because allowing continuation of HIV epidemics among PWID makes these related problems much worse. We believe that ending HIV epidemics among PWID is a necessary condition for successfully addressing these related problems.

Cazein *et al.* [1] present data from France indicating that patterns of injecting drug may change HIV risk behavior. They report that 'syringe sharing in the previous month increased from 13 to 26% and that 30% of PWID reported 'difficulties' in obtaining sterile injection equipment. These data are certainly of considerable concern, but it is not clear whether they indicate an imminent outbreak of HIV among PWID in France. In our article, we identified conditions associated with rapid transmission of HIV among PWID and for ending HIV epidemics among PWID. Additional information about the situation in France is needed to determine if conditions for rapid transmission have reemerged and whether the conditions for ending an epidemic no longer hold. Specifically:

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Conflicts of interest

There are no conflicts of interest.

- (1) Is the increase in sharing indicative of the formation of new large injection risk networks in which individual injectors may share with many different other injectors within short periods of time?
- (2) Does the increase in sharing include an increase in distributive sharing (passing on used needles and syringes) by PWID likely to transmit HIV (who are HIV seropositive and not on antiretroviral treatment)?
- (3) Are the problems in sharing injection equipment concentrated in recent migrants to France? Recent migrants may be coming from areas without traditions of harm reduction, and may thus not be fully informed about HIV/AIDS, safer injection, and safer sex.
- (4) What are the reasons for the difficulties in obtaining sterile injection equipment? Are PWID as a community aware of these difficulties, and are PWID and public health authorities working collaboratively to overcome these problems?

In our article, we discussed not only instances wherein combined prevention has led to the 'end' of HIV epidemics among PWID, but also recent outbreaks of HIV infection among PWID. Although there was considerable variation among these outbreaks, a common component of all of them was change in local patterns of drug use and injection behavior. We noted that ending HIV epidemics among PWID requires not only public health scale implementation of evidence-based interventions but also continued monitoring of local patterns of drug use and risk behavior. We believe that France has the needed scientific expertise, resources, political will, and collaborative relationships between public health workers and people who use drugs to maintain an end of the HIV epidemic among PWID in the country.

References

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