



## Hepatitis C testing, treatment uptake and sustained virologic response among gay and bisexual men with hepatitis C and HIV co-infection in Melbourne, Australia

Dr. Alisa Pedrana, PhD  
**Burnet Institute, Melbourne Australia**

M Traeger, A Pedrana, B Draper, J Asselin, J Doyle, C El-Hayek,  
J Howell, A Thompson, N Roth, BK Tee, J Willcox, Hellard M, Stoové M



### Disclosures



- Our research program receives funding for investigator initiated research grants from National Health and Medical Research Council, Gilead Sciences, Abbvie, Merck and BMS.
- Alisa Pedrana receives travel support from Gilead Sciences.


## Background



- Hepatitis C direct-acting antiviral treatments (DAAs) were listed for public subsidy in Australia in March 2016
- National hepatitis C elimination strategies focus on testing and treatment uptake among people who inject drugs and HIV-positive co-infected gay and bisexual men (GBM)
- Reaching high levels of treatment uptake among HIV-HCV co-infected GBM will play a vital role in eliminating hepatitis C
- We describe testing and treatment outcomes among HIV/HCV co-infected GBM following the introduction of direct-acting antivirals in Australia

## Methods



- Testing and treatment data were extracted from a national STI and blood-borne virus sentinel surveillance system 
- Population: HIV+ gay and bisexual men visiting 4 primary care clinics in Melbourne between March 2016 – March 2018
- We constructed a hepatitis C care-cascade describing patient progression between testing, diagnosis, treatment and sustained virologic response (SVR12)
- Cascade was split in 2 due to available data:
  - Testing = 4 clinics
  - Treatment = 2 clinics

# Results



Overall proportion of HIV+ GBM screened for HCV

77%

Antibody-positive GBM receiving follow-up RNA test

64%

RNA positivity (HCV prevalence) among GBM

38%

RNA-positive GBM starting DAA treatment

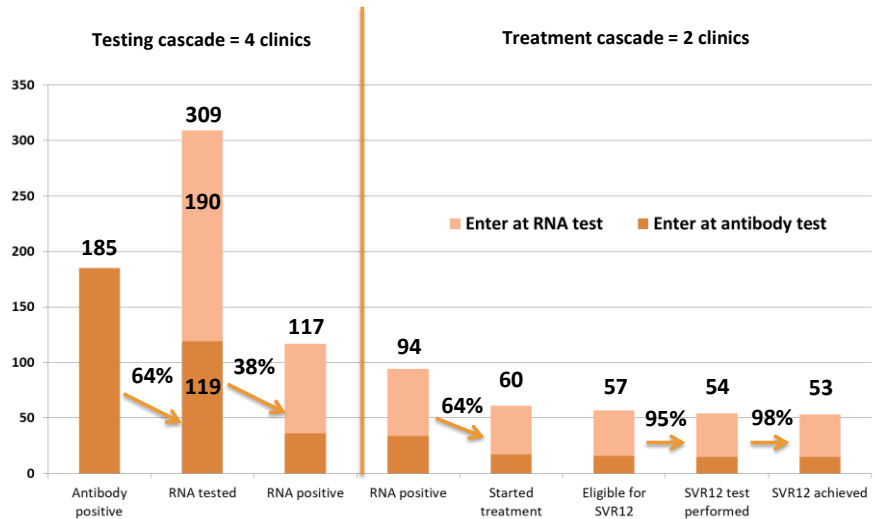
64%

Returned for SVR12 test

95%

SVR12 achieved

98%



# Conclusions



- Findings suggest additional effort needed to increase HCV testing and treatment uptake among HIV+ GBM in clinical care
- High retention in care among patients treated for HCV highlights opportunity for micro-elimination in clinical setting
- Continued monitoring for HCV reinfection will be critical in eliminating hepatitis C among HIV-positive GBM

# Acknowledgements



Implementing ACCESS sites and staff and also the Kirby Institute and Australian National Reference laboratory as key partners.

Funding support for this work was received from the Australian Government Department of Health, National Health and Medical Research Council and Gilead Sciences.

Special thanks to Michael Traeger and Jason Asselin from the ACCESS Team

