

# HEPATITIS C TESTING, TREATMENT UPTAKE AND SUSTAINED VIROLOGIC RESPONSE AMONG GAY AND BISEXUAL MEN WITH HEPATITIS C AND HIV CO-INFECTION IN MELBOURNE, AUSTRALIA

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## Background:

Hepatitis C virus (HCV) elimination strategies focus on testing and treatment uptake among people who inject drugs (PWID) and retaining patients in clinical care. Given the relationship between injecting drug use related HCV acquisition-risk and HIV-HCV co-infection in Australian gay and bisexual men (GBM), treatment uptake and continued monitoring among HCV-infected GBM will play a vital role in eliminating HCV in PWID in Australia. We describe HCV testing and treatment outcomes among HIV-HCV co-infected GBM following the introduction of direct-acting antivirals (DAAs) in Australia.

## Approach:

Testing and treatment data were extracted retrospectively (March 2016-March 2018) from four clinics specialising in GBM health in Melbourne, Australia through the Australian Collaboration for Co-ordinated Enhanced Sentinel Surveillance. We constructed an HCV care-cascade describing patient progression between antibody testing, RNA testing, diagnosis, treatment and sustained virologic response 12 weeks post-treatment (SVR12).

## Outcome:

The overall HCV testing rate (antibody or RNA) among HIV-positive GBM was 77%. 2040 HIV-positive GBM were tested for HCV antibodies and antibody-positivity ranged from 0%-10% across clinics. Of the 185 (9%) men testing antibody-positive, 119 (64%) had a subsequent RNA test, of which 36 (30%) were RNA-positive. For an additional 190 HIV-positive GBM, the first recorded test event was an RNA test, and 81 (43%) were RNA-positive. At two sites with available prescription data, 60 of the 94 RNA-positive patients (64%) were prescribed DAAs. 54 of the 57 patients (95%) with sufficient follow-up time had completed SVR12 testing and 53 (98%) achieved SVR12.

## Conclusions:

HCV screening was high among HIV-positive GBM, however a third of antibody-positive men were not RNA tested. Two-thirds of HIV-HCV co-infected GBM were prescribed HCV treatment at the service where they were tested, and almost all of these men achieved viral suppression. These data suggest a need to focus on increased RNA testing and treatment uptake among HIV-HCV co-infected GBM.

## Disclosure of interest:

Nothing to disclose.