

HCV/HIV CO-INFECTION IN NHS TAYSIDE, SCOTLAND, 2001-2019

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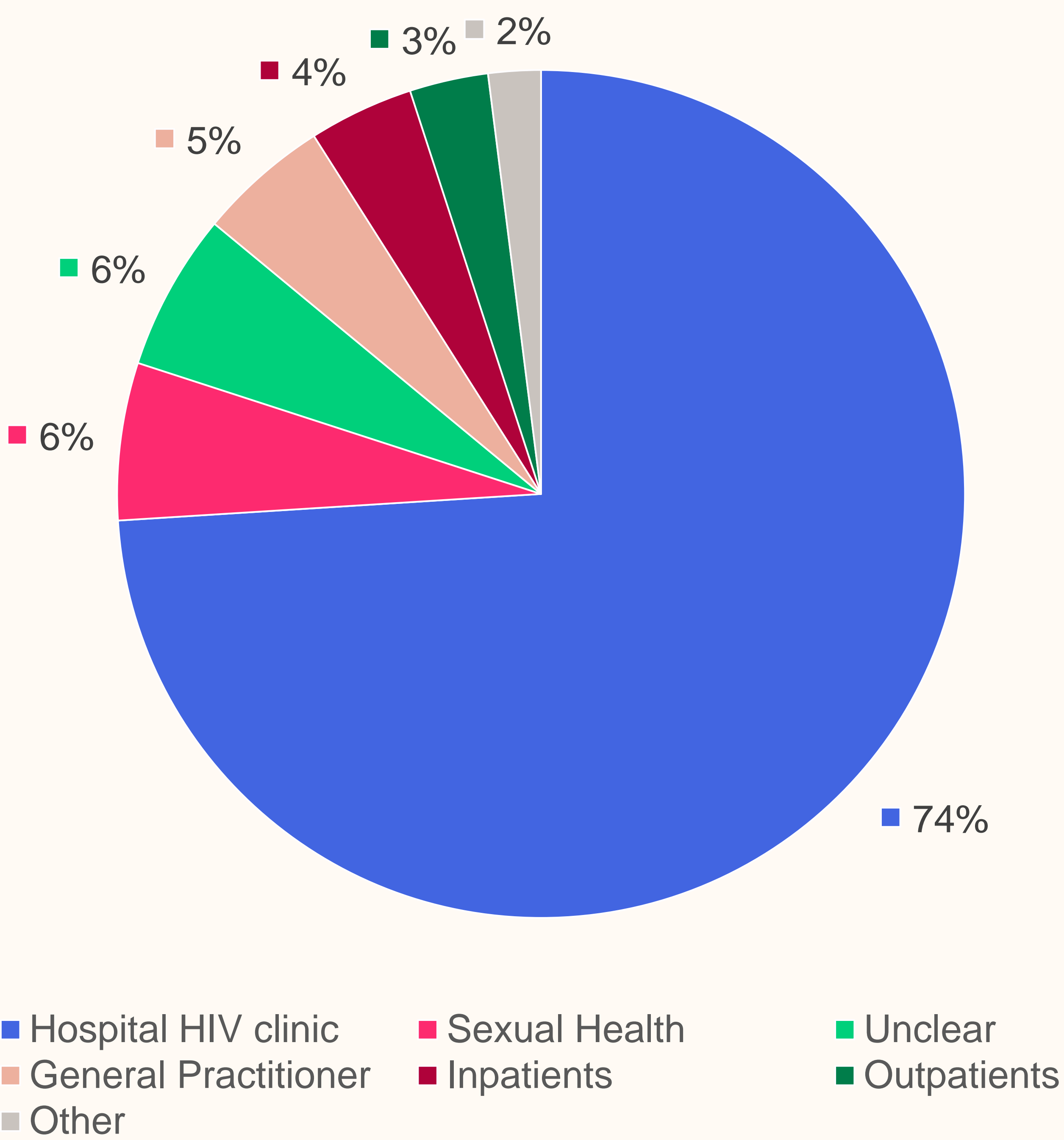
Introduction

WHO estimates approximately 37 million people are living with HIV (PLWH) globally; of those, 2.9 million are co-infected with Hepatitis C (HCV). Priority should be placed on diagnosis, treatment and linkage to care for co-infected individuals.

NHS Tayside is a health board based in the north-east of Scotland, UK, serving around 400,000 people. The health board's specialist liver service audited testing and treatment of HCV/HIV co-infection in the region to date in order to assess the efficacy of the model of care and ascertain progress towards elimination of co-infection locally.

Preliminary analyses are presented here, with further work ongoing to determine if micro-elimination has been achieved.

Location of most recent HCV Test: current PLWH



96% tested

4%

Current known PLWH tested for HCV in Tayside

Conclusions

The key risk factor for HIV/HCV co-infection in NHS Tayside is injecting drug use (ever having injected drugs), differing from published studies examining treatment of co-infection among men who have sex with men.

The proportion of HIV-positive individuals aware of their HCV status in the region is high, and testing locations are predominantly integrated into routine HIV care which is striking considering the local risk factors for HCV infection. This suggests the integrated care model can monitor for new cases of co-infection in PLWH.

The majority of co-infected individuals who received treatment for HCV achieved an SVR, but there is a demonstrated risk of mortality post-treatment, represented by those who died before they could have an SVR test. Causes of death are being explored.

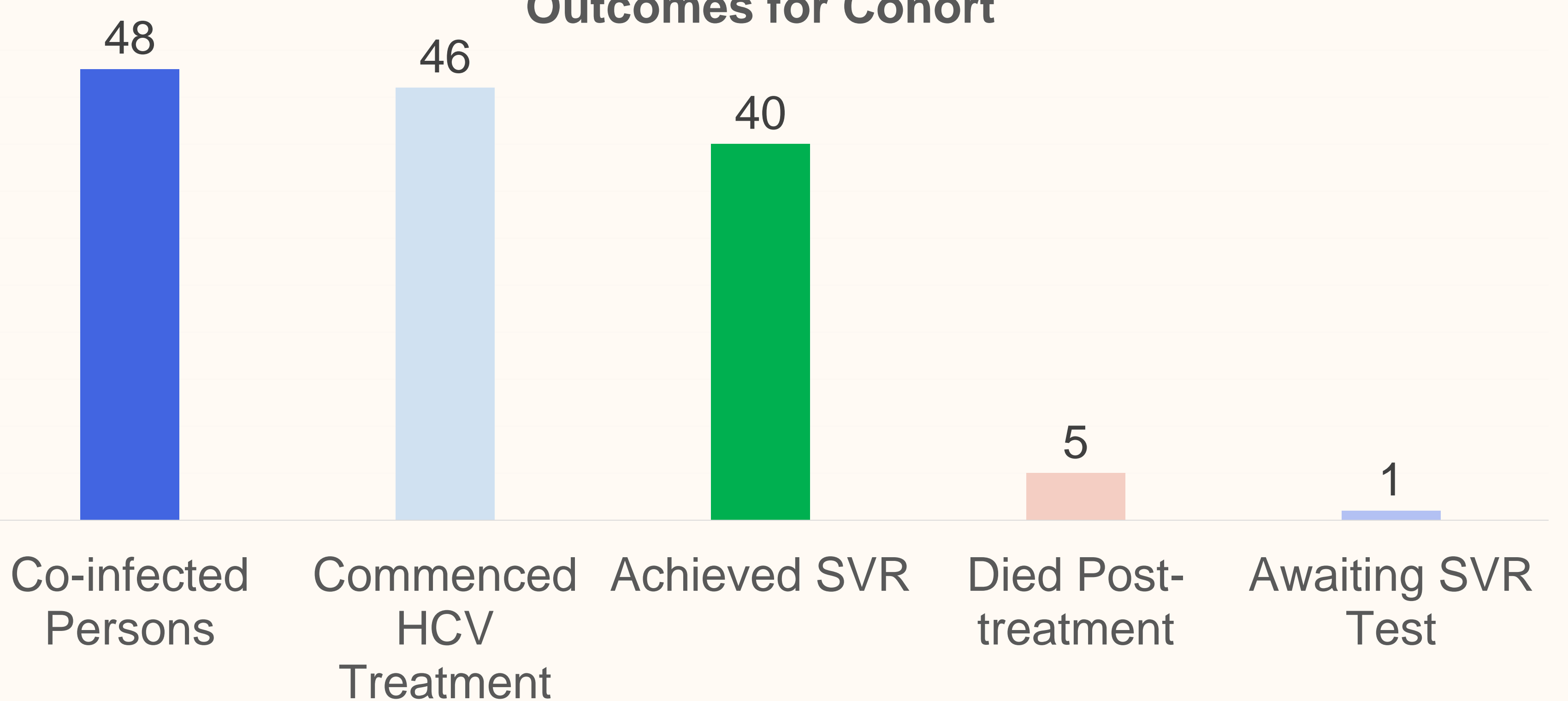
Model of Care

Testing PLWH for HCV is routine practice in multiple clinical and non-clinical settings in the region. HCV testing is conducted in hospitals, community pharmacies, prison estates, substance misuse services, specialist clinics, GPs, and injecting equipment provision sites.

NHS Tayside operates an integrated care pathway – with full responsibility for HIV testing and prescribing for known PLWH in the area – wherein co-infected individuals' care is managed directly by infectious diseases physicians, with input from hepatologists, specialist nurses and pharmacists via weekly multi-disciplinary meetings.

Co-infected individuals are treated for HCV by the physician closest to them, to minimise inconvenience and ensure familiarity.

Outcomes for Cohort



Effectiveness

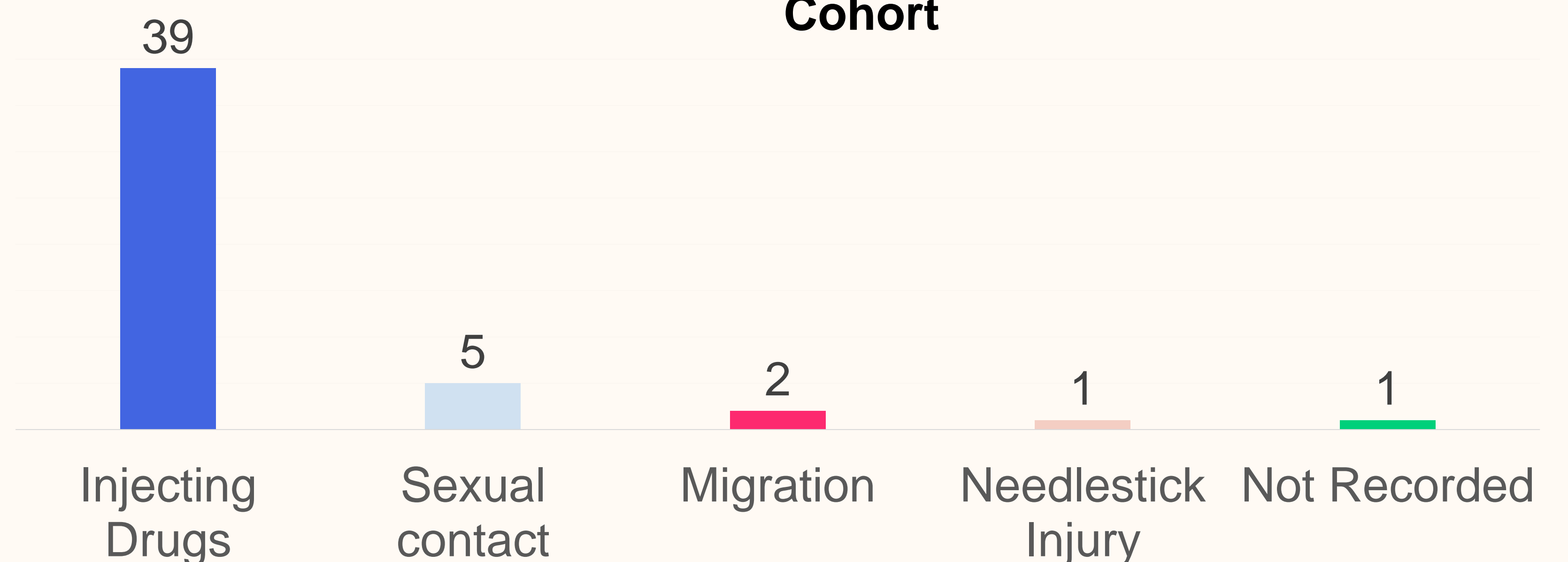
48 co-infected individuals eligible for HCV treatment were identified.

46 (n) of 48 commenced HCV treatment, with 2 waiting to start. HCV treatment for 30 was PEG-interferon +/- ribavirin, with the remaining 16 treated with direct acting antivirals. Treatment outcomes are shown in the chart above.

The main risk factors for HCV in this cohort are outlined in the chart below. Further, 10 individuals had to be re-treated for HCV following an initial course of treatment, either due to re-infection (n=1) or treatment relapse (n=9).

Currently, 361 PLWH receive HIV care in Tayside: 348 (96%) have been HCV tested and are aware of their status; 13 (4%) have no HCV test recorded. 256 were tested through HIV clinics; 20 through hospital sexual health drop-in clinic; 19 through their GP; 15 as hospital inpatients; 11 in hospital outpatients; 2 in assistant conception services; 2 in mental health services; 2 in maternity services; and 1 in drug services. The source of 20 HCV tests were unclear.

Risk Factors for Co-infection in HCV-treatment eligible Cohort



Acknowledgements

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