

SCALING UP HEPATITIS C TREATMENT AMONG HIV CO-INFECTED INDIVIDUALS REDUCES PREVALENCE AND NEW INFECTION: THE CO-EC STUDY

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Background: The co-EC Study supports general practitioners to initiate treatment in primary care settings, aiming to provide proof-of-concept that treatment scale-up could eliminate coinfection among gay and bisexual men (GBM). We report HCV treatment outcomes in primary and tertiary care sites, and the population impact (incidence and prevalence) of HCV over time.

Methods: A nurse-led, clinician-directed trial of HCV directly acting antiviral treatment among people with HCV/HIV co-infection was performed in Melbourne, Australia. At six sites providing care for 75% of people with HIV in our jurisdiction, all individuals with HIV meeting standard HCV prescribing guidelines were eligible. Primary HCV incidence and prevalence among the primary care population was measured using a statewide surveillance system from 2012 to present.

Results: 200 participants were recruited, 55% reporting recent injecting drug use and 76% condomless sex, of whom 177 initiated treatment in the study period 2016-2018. SVR12+ per protocol among people treated in primary care was 97.1% (95%CI: 91.4-99.1%), which was not significantly different to tertiary care, SVR12 100% (95%CI: 92.1-100%). 26% (46/177) required specialist referral for HCV prescribing for advanced liver disease or other non-HIV co-morbidities. HCV RNA prevalence among GBM with detectable HIV and HCV antibodies was 57% in 2016, which declined to 8% (an 86% reduction) in 2018 ($p < 0.001$). HCV incidence significantly decreased by a factor of 0.79 (95%CI 0.69-0.92, $p = 0.002$) (a 21% reduction) each year.

Conclusion: This study provides proof of concept that expanding HCV treatment access is feasible and can lead to rapid HCV elimination among GBM.

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