

Readiness for HCV Care Provision for Men who have Sex with Men in Seven Countries

S. Ravishankar^{1,2}, J. Hicks³, C. James³, J.M. Zuniga^{1,2}

¹International Association of Providers of AIDS Care, Washington DC, United States, ²Fast-Track Cities Institute, Washington DC, United States, ³World Hepatitis Alliance, London, United Kingdom

Category: B3: Co-infections (including opportunistic infections)

Country of research: Canada, France, Germany, Italy, Spain, United Kingdom, United States

Please use the drop down list to indicate if your abstract relates to any of the below: Gay and other men who have sex with men

Background: An estimated 58 million people have acquired chronic hepatitis C virus (HCV), and an estimated 1.5 million people newly acquire HCV annually. Although direct-acting antiviral regimens lead to sustained viral suppression (cure), the world is off-track to meet the World Health Organization (WHO) goal of eliminating HCV by 2030, particularly among key populations, including men who have sex with men (MSM).

Methods: An online survey was fielded among 1260 respondents across seven countries (Canada (160), France (171), Germany (113), Italy (203), Spain (209), United Kingdom (202), and the United States (202)) to gauge healthcare providers' (HCP) HCV clinical management knowledge and preparedness. Practitioner specialties included general care (51%); nursing (20%), gastroenterology (10%), infectious diseases (9%), and hepatology (9%). Questions related to HCV care for MSM were analyzed.

Results: Globally 86% of HCPs reported that their practice provides services to MSM; and 78% reported that their practice had the expertise to provide medical services to MSM. However, only 53% of HCPs responded that they screen MSM for HCV in their practice. When asked about treatment of MSM 91% agreed/strongly agreed that MSM are treated the same as other clients in their practice. However, only 57% reported that staff in their practice received sensitization training on provision of services to MSM; and 52% agreed/strongly agreed that stigma towards MSM is a barrier to accessing HCV care.

Table 1: Responses to Questions on HCV clinical management for MSM

	Canada	France	Germany	Italy	Spain	UK	US
% HCPs that reported their practice provides services to MSM	99%	77%	95%	72%	90%	84%	81%
% HCPs that reported their practice has the expertise to provide medical services to MSM	77%	78%	76%	70%	77%	81%	88%
% HCPs that responded that they screen MSM for HCV in their practice	70%	62%	53%	42%	46%	38%	62%
% HCPs that agreed/strongly agreed MSM are treated the same as other clients in their practice	94%	94%	94%	88%	93%	88%	87%
% HCPs that reported staff in their practice receive sensitization training on provision of services to MSM	46%	50%	62%	56%	61%	56%	66%
% HCPs that agreed/strongly agreed that stigma towards MSM is a barrier to accessing HCV care	59%	48%	46%	48%	46%	53%	62%

Conclusions: While most HCPs report that their practice provides and has the expertise to provide HCV services to MSM, it is possible that many MSM are being missed with service provision given the low levels of screening for HCV among MSM. While most HCPs strongly agree or agree that treatment of MSM are equivalent to other clients, the unity breaks when it comes to low levels of sensitization training among staff and stigma experienced by MSM.

Ethical research declaration: Not applicable - the study does not include human subjects

Please provide a written explanation for your answer: Online survey data does not include any identifiers

I would like my abstract to be considered for the HIV Cure Forum: No

1. I confirm that I submit this abstract on behalf of all authors.: Yes

2. IAS resubmission policy: Was this abstract previously presented or published: No

3. I agree to the conference embargo policy: Yes

4. Submission of your abstract constitutes your consent to publication: Yes

5. I understand that all scholarship requests must be made by the presenting author through the scholarship section of the IAS profile by completing a scholarship application form by 31 January 2023, 23:59 CET.: Yes

6. I understand that this submitted abstract may be shared with the IAS HIV Programmes team for potential use in sessions that will be organized around the conference: Yes

7. I understand that if my abstract is accepted for presentation at IAS 2023, it will be shared with conference sponsors and media partners.: Yes