

## HEPATITIS C ELIMINATION IN HIV/HCV COINFECTION THROUGH HCV TREATMENT IN PRIMARY CARE IS FEASIBLE AND HIGHLY EFFECTIVE

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### Background

Gay and bisexual men (GBM) are the key population affected by HIV and hepatitis C coinfection in Australia. The co-EC Study supports general practitioners to initiate treatment in primary care settings, aiming to show that treatment scale-up can eliminate HCV in coinfecting GBM. We report on the feasibility of this model-of-care based on preliminary treatment outcomes.

### Methods

The co-EC Study is an ongoing (March 2016–) clinician-directed, open-label trial of treatment among people with HIV/HCV coinfection. HCV testing and treatment are delivered by specialists or general practitioners with nursing support at tertiary (n=2) and primary care (n=4) sites in Melbourne. Nurses deliver education, treatment support and coordinate visits.

Enrolment involves routine clinical data (haematological, biochemical, fibrosis assessment), which may prompt a specialist to be consulted for advice or referral prior to treatment initiation, and participants complete a self-reported behavioural survey. The primary outcomes of this preliminary analysis are treatment uptake and sustained virological response (SVR12).

### Results

As of January 2017, 160 participants had enrolled (99% male; median age 48), including 106(66%) seen in primary care. Based on clinic data, 40(38%) could commence treatment immediately, 25(24%) required specialist advice, 17(16%) required specialist referral, and 22(21%) had incomplete data. Overall, 136(85%) participants have commenced treatment (sofosbuvir/daclatasvir-50%; sofosbuvir/ledipasvir-47%).

High-risk behaviours were commonly reported at enrolment, including: ever injecting drugs (62%), of whom 33% reported ever injecting with a used needle/syringe; past month recreational drug use (50%); and in the previous six months, group sex (27%) and inconsistent condom use among those with casual male sex partners (79%).

Of fifty-six participants assessed 12-weeks post-treatment, and where HCV RNA was available (n=50), 100% achieved SVR12.

### Conclusions

Treatment of HIV/HCV co-infected men in primary care settings is feasible, highly effective and may lead to sustained increases in treatment uptake and HCV elimination in this population.

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