



## Low HCV Reinfection Incidence Following DAA Treatment Scale-up in People Living with HIV in Australia

**Hosseini Hooshyar S<sup>1</sup>, Martinello M<sup>1,2,3</sup>, Yee J<sup>1</sup>, Bartlett SR<sup>1</sup>, Read P<sup>4</sup>, Baker D<sup>5</sup>, Post J<sup>6</sup>, Finlayson R<sup>7</sup>, Bloch M<sup>8</sup>, Doyle J<sup>9</sup>, Shaw D<sup>10</sup>, Hellard M<sup>9,11</sup>, Petoumenos K<sup>1</sup>, Marks P<sup>1</sup>, Applegate T<sup>1</sup>, Dore GJ<sup>1,2</sup>, Matthews GV<sup>1,2</sup>**

<sup>1</sup> The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, <sup>2</sup> St Vincent's Hospital, Sydney, NSW, Australia, <sup>3</sup> Blacktown Mt Druitt Hospital, Blacktown, NSW, Australia, <sup>4</sup> Kirketon Road Clinic, Sydney, NSW, Australia, <sup>5</sup> East Sydney Doctors, Sydney, NSW, Australia, <sup>6</sup> The Albion Centre, Sydney, NSW, Australia, <sup>7</sup> Taylor Square Private Clinic, Sydney, NSW, Australia, <sup>8</sup> Holdsworth House Medical Practice, Sydney, NSW, Australia, <sup>9</sup> Burnet Institute, Melbourne, VIC, Australia, <sup>10</sup> Royal Adelaide Hospital, Adelaide, SA, Australia, <sup>11</sup> Alfred Hospital, Melbourne, VIC, Australia



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## Background and Objectives

 **CEASE** The Control and Elimination of HCV from HIV-infected individuals within Australia

### Design

- Prospective observational cohort study

### Eligibility

- Adults ( $\geq 18$  years); HIV infected and HCV Ab positive

### Assessments

- Enrolment: 1 July 2014 - 22 March 2017  
n=402 [mean age of 49, 95% male and 80% Gay and Bisexual Men (GBM)]
- Follow-up 1: 26 May 2017- 31 May 2018

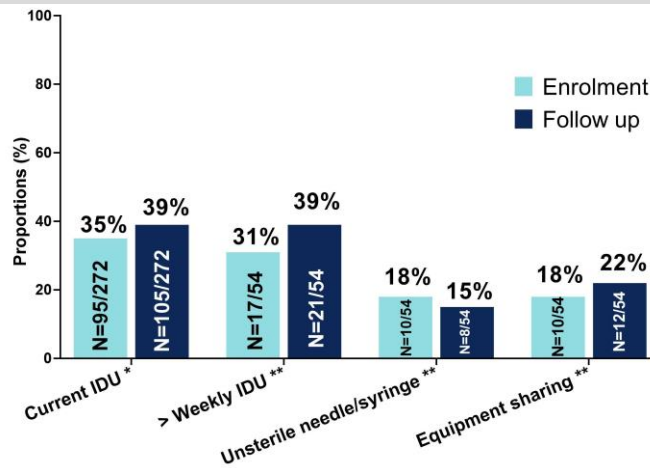
Analysis population: Participants who completed behavioral questionnaire at enrolment and follow up (n=272)

### Study Outcomes

- HCV RNA Prevalence
- Cumulative HCV treatment uptake
- Patterns of injecting and sexual risk behaviors
- HCV reinfection rate

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## Results- Injecting Risk Behaviours among study sample



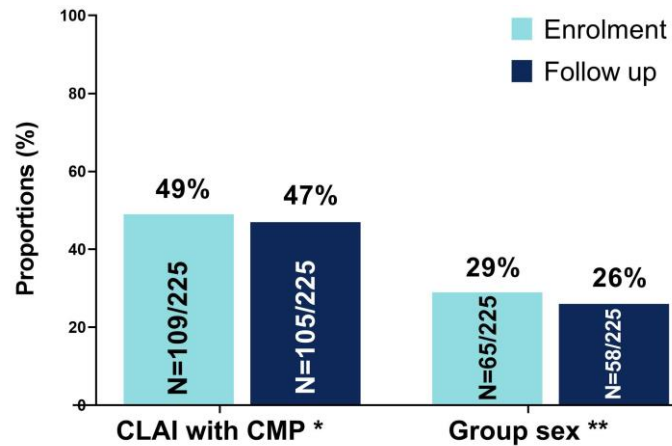
\* IDU within the last 6 month

\*\* Among Recent IDU (IDU within the last month)

No significant differences in risk behaviours ( $P > 0.05$  for all comparisons, McNemar test)

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## Results- Sexual risk practices among GBM



\* Condom-less Anal Intercourse with Casual Male Partner/s

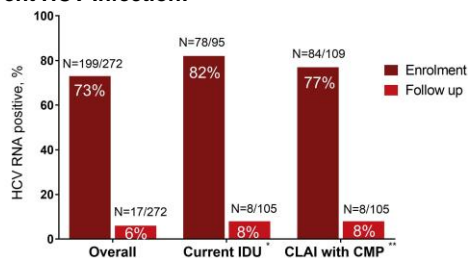
\*\* Within the last 6 month

No significant differences in risk behaviours ( $P > 0.05$  for all comparisons, McNemar test)

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## Results (cont.)

- **Cumulative Treatment Uptake:** 97% (98% both Current IDU and GBM with CLAI with CMP)
- **Proportion with Current HCV Infection:**



\* IDU within the last 6 month

\*\* Condom-less Anal Intercourse with Casual Male Partner/s

- **Reinfection Cases:** 5 reinfections all GBM (4 CLAI with CMP and 3 Current IDU at FU)
- **Reinfection Rates:** 1.05 per 100 PYFU (Current IDU: 0.64, GBM with CLAI with CMP: 1.57)

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## Conclusions

- Despite ongoing risk behaviours, the incidence of HCV reinfections following DAA therapy was very low
- HCV elimination among PLHIV in Australia will need:
  - Maintaining the high levels of treatment uptake
  - Regular screening for HCV RNA infection (both primary and reinfection)
  - Retreatment of reinfection cases
  - Risk reduction education and access to harm reduction services

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