UNIVERSAL ACCESS TO DAA THERAPY PAVES THE WAY FOR HCV CONTROL AND ELIMINATION AMONG PEOPLE LIVING WITH HIV IN AUSTRALIA

Authors:

Martinello M¹, Bartlett S¹, Finlayson R², Baker D³, Bloch M⁴, Doyle J^{5,6}, Shaw D⁷, Hajkowicz K⁸, Read P⁹, Hellard M^{5,6}, Filep E¹, Yee J¹, Lin L¹, Applegate TL¹, Dore GJ^{1,10}, Gail V Matthews^{1,10}

¹The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, ²Taylor Square Private Clinic, Sydney, NSW, Australia, ³East Sydney Doctors, Sydney, NSW, Australia, ⁴Holdsworth House Medical Practice, Sydney, NSW, Australia, ⁵Burnet Institute, Melbourne, VIC, Australia, ⁶Alfred Hospital, Melbourne, Vic, Australia, ⁷Royal Adelaide Hospital, Adelaide, SA, Australia, ⁸Brisbane Sexual Health Clinic, Brisbane, Qld, Australia, ⁹ Kirketon Road Clinic, Sydney, NSW, Australia, ¹⁰St Vincent's Hospital, Sydney, NSW, Australia.

Introduction:

HCV elimination among people living with HIV may be possible in Australia, given population size (n=2000-3000), high proportion diagnosed and linked to care (>80%), and universal access to direct-acting antiviral (DAA) therapy. The aims of this analysis were to evaluate HCV treatment uptake, outcomes and HCV infection burden among people enrolled in the Control and Elimination of HCV from HIV-infected individuals within Australia (CEASE-D) cohort study following the availability of DAA therapy.

Methods:

Adults with HIV and past (HCV Ab positive, HCV RNA negative) or current (HCV Ab positive, HCV RNA positive) HCV infection were eligible. Cumulative HCV treatment uptake was defined as the proportion of eligible individuals (diagnosed with HCV and did not demonstrate spontaneous clearance) who ever initiated HCV treatment (censored 16 October 2017). Annual HCV treatment uptake was defined as the proportion of eligible individuals who initiated treatment per year.

Results:

Of 402 HIV/HCV Ab-positive individuals enrolled, 95% were male (80% gay and bisexual men), 13% had cirrhosis, and 36% reported current injecting drug use, predominantly (meth)amphetamine. Cumulative HCV treatment uptake among individuals ever diagnosed with HCV was 88% (95%CI 85%, 92%). Annual HCV treatment uptake increased from 7% (95%CI 4%, 10%) and 10% (95%CI 7%, 14%) in 2014 and 2015, respectively, to 76% (95%CI 71%, 81%) in 2016 (p for trend <0.001); SVR12 was 65%, 90% and 94% in 2014, 2015 and 2016, respectively. The extrapolated proportion with detectable HCV RNA decreased significantly between 2014 and 2018, from 83% (95%CI 78%, 86%) to 18% (95%CI 14%, 22%) (p for trend <0.001).

Conclusion:

Universal access to DAA therapy has permitted rapid HCV treatment scale-up in 18 months. High DAA uptake and efficacy has significantly reduced the proportion with

detectable HCV RNA, paving the way for HCV control and elimination among people living with HIV in Australia.

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