# A retrospective audit of viral hepatitis C testing in people living with HIV in Victoria, Australia

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**Background:** People living with HIV (PLWH) experience higher risk of hepatitis C virus (HCV) co-infections, thus chronic liver disease. Early diagnosis and treatment of HCV-coinfections can minimise this risk, yet little data exists for HCV testing on PLWH in Australian hospitals. This study examined levels of HCV testing and diagnosis among PLWH engaged-in-care at Alfred Hospital.

**Methods:** Records from the Victorian HIV Service database of PLWH (Infectious Disease Clinic, Alfred Hospital) from January 2013-December 2023 were interrogated. Data analysed included demographics (age, sex, ethnicity), HIV monitoring (CD4 count and viral load), and HCV antibody (Ab) and RNA tests. Analyses included PLWH who attended ≥1 clinic appointment between 2013-2023. Definitions of complete HCV testing included: a negative Ab result, an RNA test ⩽100 days following a positive Ab result or having an RNA test (for past HCV infection) within a 12-month period. PLWH identified at elevated risk of HCV acquisition included: recent (⩽2 years) STI diagnoses, ever reporting injecting drug use or HIV sexual exposure with same sex (male).

**Results:** Overall, 1,938 PLWH were identified, 83% (n=1,607) underwent HCV testing, and 74% (n=1425) had complete testing. Median age was 54 years, with 90% being male. HCV testing declined from 2013-2023 (514 to 365 tests, respectively), but proportions of patients undergoing Ab and RNA testing were stable (Ab: 89.5% to 89.9%; RNA: 16.9% to 16.2%, respectively), reflecting testing changes to people at elevated risk of HCV. Ab and RNA positivity was highest between 2013-2015 (Ab: 10.7% to 7%; RNA: 13.8% to 17.6%, respectively), but decreased between 2016-2023 (Ab: 4% to 1.8%; RNA: 5.2% to 3.4%, respectively). 73.4% (n=1180/1607) were at elevated risk of HCV, with 72.9% (n=861/1180) undergoing additional HCV testing.

**Conclusion:** Most patients had complete HCV testing. Testing was stable over time, but Ab and RNA positivity decreased, remaining low after availability of direct-acting antivirals.

**Disclosure of Interest Statement:** The authors of the review recognise the contribution that industry partners make to professional and research activities. The authors also recognise the importance and need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.