



BRITISH COLUMBIA CENTRE for EXCELLENCE in HIV/AIDS

The cascade of care for hepatitis C virus among gay, bisexual and other men who have sex with men in Vancouver, Toronto and Montreal.

David M. Moore (1,2), Lu Wang (1), Jordan Sang (1), Shayna Skakoon-Sparling (3), Justin Barath (1), Nathan Lachowsky (1,4), Trevor A. Hart (3,5) Gilles Lambert(7,8), Mark Hull (1,2), Darrel Tan (5), Daniel Grace (5), Jody Jollimore (9), Herak Apelian (7) Allan Lal(1), Abbie Parlette(3), Joseph Cox (6, 7)

 BC Centre for Excellence in HIV/AIDS; 2. University of British Columbia; 3. Ryerson University; 4. University of Victoria; 5. University of Toronto; 6. McGill University; 7. Research Institute of the McGill University Health Centre; 8. Institut national de santé publique du Québec; 9. Community Based Research Centre,

Background

- Gay, bisexual and other men who have sex with men (GBM) are a priority population for microelimination of hepatitis C virus (HCV).
- We estimated HCV care cascade indicators and correlates of detectable HCV RNA among GBM recruited in Montreal, Toronto and Vancouver.

Methods

- Sexually active GBM, aged ≥16 years, were recruited through respondent-driven sampling (RDS) from February 2017 to August 2019.
- Participants completed a computer-assisted self-interview and tests for HIV, HCV, and other sexually transmitted infections.
- We conducted bivariate analyses comparing the RDS-II adjusted proportions for indicators across cities.
- Using pooled three-city data, we used RDS II weighted logistic regression to examine associations with detectable HCV RNA among HCV- positive participants.

Results

- We recruited 1179 participants in Montreal, 517 in Toronto, and 753 in Vancouver.
- HCV seroprevalence was 6.8% in Montreal, 3.8% in Toronto, and 5.9% in Vancouver (p=0.006).
- Undiagnosed infection among HCV-seropositive participants was 3.1% in Montreal, 1.1% in Toronto, and 2.3% in Vancouver
- Reported receipt of HCV treatment: 65.3% in Montreal, 92.6% in Toronto and 88.7% in Vancouver (p=0.372)
- Detectable HCV RNA: 37.6% in Montreal: 7.4% in Toronto 11.3% in Vancouver (p=0.039)

Results

Multivariable modelling found <u>no differences</u> in detectable HCV RNA <u>by city</u>;

- ► AOR for Vancouver = 0.26 (95% CI 0.05–1.46) compared to Montreal.
- ► AOR for Toronto = 0.19 (95% CI 0.01–3.54) compared to Montreal.

Detectable HCV RNA was associated with:

- ► Age (AOR = 0.90 per year increase; 95% CI 0.84-0.97)
- Injection drug use in past six months (AOR = 8.39; 95% CI 2.11–33.39)

Conclusions

- Among GBM in these three cities, we found very low proportions of undiagnosed HCV but gaps remain in treatment uptake.
- Additional interventions may be required to better engage younger GBM and those using injection drugs

Acknowledgements



& The Engage Study Participants and Volunteers