HCV elimination

P 23 A FAST TRACK CITY MICRO-PROJECT TO ERADICATE HCV INFECTION IN PLWHIV

F. Maggiolo, L. Comi, E. Di Filippo, R. Teocchi, D. Valenti, A. Callegaro, M. Rizzi
ASST Papa Giovanni XXIII, Bergamo

Background: HCV co-infection is a frequent diagnosis in HIV infected subjects (PLWHIV). The availability of DAA (direct acting antivirals) for treating HCV infection and the possibility to extend treatment to all patients offer the opportunity to eradicate HCV in this population, however adequate surveillance and monitoring systems have to be implemented to demonstrate that this goal is achieved.
Methods: All HCV-RNA positive subjects in our cohort are offered DAA treatment and all patients are yearly screened for HCV. HCV-Ab (antibodies anti HCV) is performed if they are HCV negative and HCV-RNA if they ever had a HCV infection. All subjects with a previous HCV-RNA negative test who test again HCV-RNA positive are re-screened and re-treated with DAA.
Results: 2769 PLWHIV are actually actively followed in the cohort. Of them 74.5% are males, their median age is 52.8 years (IQR 46.8-57.8) and they are mostly Italian (87.2%) with sub-Saharan Africa and South America being the other more represented backgrounds (6.4% and 2.9%). Most of our patients acquired HIV infection through heterosexual intercourse (48.3%) being IVDU and MSM the other most frequent risk factors (26% and 25%). At the end of 2018 when the eradication project started 190/2589 (7.3%) patients were still HCV-RNA positive. In the first year of the project we screened or re-screened 1113 subjects including all new diagnosis of HIV (see figure). Overall, the new figure is 127/2769 (4.5%) HCV-RNA positive patients. This picture is the result of several factors (see figure):
117 new HCV-Ab patients joined the cohort;
100 known patients did not perform a visit in 2019;
30 known patients died;
9 patients with a previous HCV treatment and actual HCV-RNA negative test joined the cohort;
1 patient with a spontaneous healing of HCV infection joined the cohort;
108 known patients were treated with DAA and obtained SVR;
21 new HCV-RNA subjects joined the cohort;
15 HCV-AB positive subjects joined the cohort (HCV-RNA pending);
5 treated patients relapsed;
6 patients were re-infected.
Overall, more than one third of our current HCV-RNA positive subjects are newly diagnosed or re-infected PLWHIV.
Conclusions: These preliminary results indicate that HCV eradication micro-projects are feasible, but they also stress the necessity of a strict surveillance program to confirm HCV eradication in the PLWHIV population as the rate of new infections or re-infection is rather relevant.