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- Since 2015, there has been considerable attention placed on minimizing the incidence of and mortality related to HCV through increased testing and treatment.
- Several studies have observed substantial declines in testing for HCV during the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) pandemic, which could have consequences on achieving elimination of HCV.

To determine the effect of the SARS-CoV-2 epidemic on HCV testing and commencing anti-HCV treatment in individuals with HIV across Europe, particularly in those with a previous HCV infection for whom the risk of HCV re-infection is substantially increased.

Of individuals with HIV under follow-up in the prospective EuroSIDA cohort study between January 2016 and December 2021, we selected those who had a positive anti-HCV antibody test (i.e., susceptible for HCV re-infection and eligible for HCV-RNA testing).

- Analysis are presented both overall and in two subsets of individuals who were previously HCV-RNA negative because of [i] sustained virological response [SVR] or [ii] spontaneous clearance [SC]).

We assessed determinants of (i) receiving an HCV-RNA test and (ii) commencing DAA-treatment across calendar years using logistic regression with generalized estimating equations.

Between 2016-2021, 6126 individuals were at one point eligible for analysis. Median (IQR) follow-up time in analysis was 5 years (3-6). Characteristics of those included in analysis are given in [Table 1](#).

**Table 1. Description of the study population**  
Data from the first eligible visit are presented.

- In individuals susceptible to HCV reinfection and eligible for HCV-RNA testing, there were declines in HCV testing in the first year of the SARS-CoV-2 epidemic and subsequent declines in the year thereafter.
- For those with chronic HCV, significant decreases in commencing DAA-treatment were also seen during the SARS-CoV-2 epidemic.
- Whether these declines are sustained in the prolonged era of SARS-CoV-2 warrants further investigation.