



Disruptions in testing and treatment services for hepatitis C virus during the SARS-CoV-2 epidemic among individuals with HIV susceptible for HCV reinfection: results from the EuroSIDA study

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Disclosures

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Background

- 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.

Objective

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.

Study design

Prospective, longitudinal cohort study of individuals with HIV

Inclusion criteria:

- Participating between January 2016 and December 2021
- Had a positive anti-HCV antibody test (i.e., susceptible for HCV re-infection and eligible for HCV-RNA testing)

Follow-up:

- From 1 January 2016 or date enrolled until last visit, withdrawal date or death, prior to the censoring date (i.e., 31 December 2021).

Statistical analysis

Endpoints:

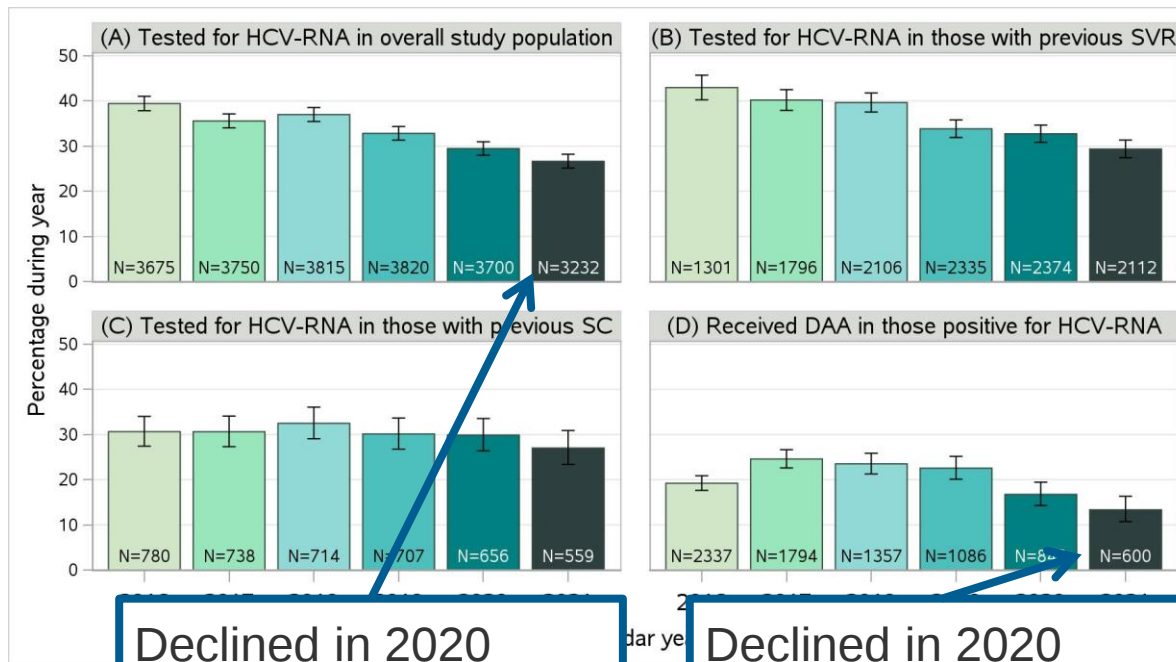
- Proportion of anti-HCV positive individuals who received an HCV-RNA test for each calendar year.
- Proportion of HCV-RNA positive individuals who commenced treatment with direct-acting antivirals (DAA) at any time during the year for each calendar year.

Models:

- Multivariable logistic regression with generalized estimating equations, adjusted for age, sex, ethnicity, HIV transmission risk, region, CD4+ cell count, ART use, prior comorbidities.

Results

Figure. Testing for hepatitis C virus (HCV) RNA and commencing direct acting antivirals (DAA) during 2016-2021



Declined in 2020 ($p < 0.001$) and further in 2021 ($p = 0.008$)

Declined in 2020 ($p < 0.001$) and further in 2021 ($p = 0.061$)

Conclusions

- 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.

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