

A promising start to introduction of new hepatitis C treatment for HIV-infected populations across the world.

Real-world data from six countries show promising early outcomes of direct-acting antiviral treatment for people co-infected with HIV and hepatitis C.

THE ISSUE

Globally, over two million people are estimated to be HIV/hepatitis C co-infected¹. The availability of direct-acting antiviral (DAA) treatment for hepatitis C means high rates of hepatitis C cure can be achieved in this population, with models suggesting that hepatitis C elimination amongst the HIV-infected population with DAA treatment is possible². As early real-world data emerge, they can be used to inform future strategies for hepatitis C elimination.

WHAT OUR WORK FOUND

Burnet Institute and international colleagues collaborated to synthesise early outcomes from the DAA era in HIV/hepatitis C co-infected populations in seven different settings, including two Australian cities and one each from Canada, the Netherlands, France, Georgia and Switzerland. The results showed:

- ▶ Gay and bisexual men, people who inject drugs and prisoners are the groups most affected by HIV/hepatitis C co-infection.
- ▶ Hepatitis C treatment rates among co-infected patients have increased with the availability of DAA treatment and outcomes are promising. However, about half of these patients diagnosed with hepatitis C infections and in HIV care remain untreated.
- ▶ Data were not available about those co-infected with HIV/hepatitis C but not yet diagnosed and why they are not engaging in care.

In Australia:

- ▶ The main population group affected by HIV/hepatitis C co-infection is gay and bisexual men.
- ▶ In the first 18 months of DAA treatment availability, about 55–66% of HIV/hepatitis C co-infected patients in HIV care in the Melbourne and Sydney cohort studies initiated hepatitis C treatment and almost 90% (88–89%) achieved cure after 12 weeks of treatment.

CONCLUSION

The rapid uptake of DAA treatment among the HIV/hepatitis C co-infected population is promising, but not all diagnosed patients are receiving treatment and the proportion of remaining undiagnosed is unclear.

References

1. Platt et al *Lancet Infect Dis*. 2016;16(7):797-808.
2. Martin NK et al. *Clin Infect Dis*. 2016;62(9):1072-80



Policy Implications

Treatment uptake is high among those already diagnosed and in HIV care. More effort is now required to diagnose new infections, including reinfections.

Support for ongoing research is required as there are not yet sufficient data to inform effective elimination programs for HIV co-infected populations in the long term, including which elements are effective and whether interventions should be customised for particular populations.

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