

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.

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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 remaining undiagnosed is unclear.

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.



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