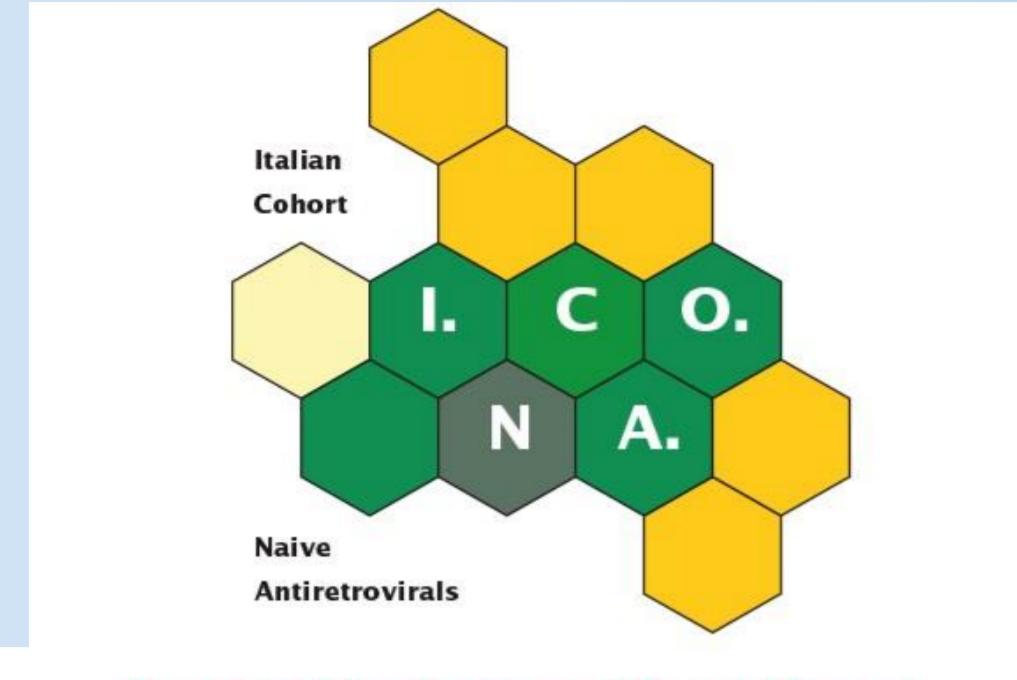


# HCV elimination in persons living with HIV (PLWH): the NoCo (No-Coinfection) study of the ICONA network

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## Introduction

PLWH are historically often HCV co-infected and undergo more frequently to progressive liver disease [1]. Early diagnosis and extensive treatment are essential to eliminate HCV in this population [2]. Whether the introduction of WHO recommendations for increased screening for HCV among PLWH [3], together with the universal availability of DAA impacted on the cascade of HCV for PLWH in Italy is unknown.

## Aims

NoCo is a prospective Italian cohort study on PLWH aimed to estimate: prevalence of past and active HCV infection in PLWH in care in 2017-2022, the incidence of HCV re-infections and HCV seroconversions and DAA-uptake and response.

## Methods

### Objectives

- To estimate the prevalence of past and active HCV infection among PLWH in care in Italy over the period 2017-2022
- To estimate the incidence and predictors of HCV seroconversions and HCV re-infections
- To estimate the rate of DAA-uptake and response to DAA among HCV viremic PLWH and identify factors associated
- To estimate the prevalence of active HCV infection according to calendar year of follow-up

### Study population

PLWH screened for HCV from Sep2017 to Oct2022. Baseline was the date of the first HCV screening test after Sep2017. Participating infectious diseases centers have been encouraged to strictly follow the WHO recommendation on HCV testing and treat (Figure 1).

### Statistical analyses

Comparison of demographic and clinical characteristics of HCV-Ab pos vs neg PLWH and of HCV-RNA pos vs HCV-RNA. Proportion active HCV infection per calendar year of FU. The incidence (per 100 PYFU) of HCV seroconversions, in HCV-Ab neg at baseline were evaluated. Predictors of HCV seroconversion identified by Cox regression models. For HCV-Ab pos/HCV-RNA neg PLWH at baseline, incidence of HCV re-infections, was evaluated and predictors were identified by means of Poisson regression. Probability of DAA uptake among HCV-RNA pos at baseline and of sustained virologic response 12 weeks (SVR12) have been evaluated and Cox regression models and logistic regression models were used to identify the predictors of DAA-start and SVR12, respectively.

## Conclusions

- Only 12% of PLWH tested in this cohort are still viremic. Prevalence of active HCV infection decreased over time in PLWH, both because of DAA treatment and relatively low rate of new HCV infection or reinfections.
- Younger individuals had higher incidence of re-infections.
- Access to DAA was lower in IDU, in those with uncontrolled HIV infection and decrease during COVID period (>=2020)
- Low CD4 counts were independent predictors of non-response to DAA

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## References

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