SCIENCE SPOTLIGHT™

No change in incidence of recently-acquired hepatitis C virus infection (2014-2019) in men who have sex with men since the introduction of directly-acting antivirals in Germany (NoCo-Cohort)

Patrick Ingiliz

Center for Infectiology Berlin, Germany

Disclosure: Honoraria for lectures and/or consultancies from AbbVie, Gilead ViiV.

Research grant from GILEAD Sciences (NoCo Grant)



Introduction



Background:

- Directly-acting antiviral agents (DAA) against the hepatitis C virus (HCV) have been available in Germany since February 2014.
- Men who have sex with men (MSM) have been identified as one subgroup with continuous HCV transmission and as a target for HCV micro-elimination efforts.

Objectives of current analysis:

- To assess the incidence of recently acquired HCV infection among MSM in Germany
- To assess HCV treatment uptake since 2014

Methods





- The German NoCo cohort consists of patients from six German HIV and hepatitis treatment sites providing care for more than 8,000 HIV-positive MSM and serving as primary care providers for HIV-negative MSM and HIV preexposure prophylaxis (PrEP) sites
- Virological data, HCV treatment data, risk factors, and behavior as well as liver disease status are assessed on a 3-6 months basis
- Patients who were diagnosed with recently acquired HCV infection (<12 months) or reinfection since 2014 were enrolled.

Results

Age, mean years (SD)	45.4 (9.7)
Origin caucasian, ri (%)	201 (94.6)
HIV negative, n (%) * on PrEP, n (%)	18 (8.1) 11 (61.1)
Reason for HCV testing, - ALT elevation, n(%) - routine testing, n(%) - symptomatic, n(%) - Partner HCV, n(%)	70 (31.7) 130 (58.8) 4 (1.8) 10 (4.5)
Transmission risk HCV - MSM, n(%) - IVDU, n (%) - other, n(%) - unknown, n(%)	205 (92.3) 6 (2.7) 3 (1.3) 17 (7.7)
HCV viral load, median IU/mL (IQR)	483,028 (77,804- 2,900,000)
HCV genotype, n(%) - 1a - 3a - 4d	130 (58.6) 13 (5.9) 38 (17.1)
ALT, median U/L (IQR)	214 (87-504)
STD 12 months prior HCV - Syphilis, n (%) - N. gonorrheae, n (%) - C. trachomatis, n (%)	50 (23.9) 19 (9.1) 18 (86)

Table 1. Baseline characteristics of 222 men with recently acquired HCV infection

Figure 1. Outcome of recently acquired HCV in MSM

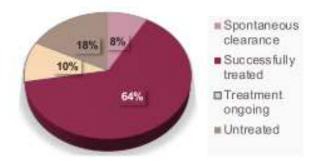
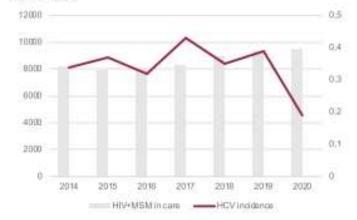


Figure 2. Incidence of recently acquired HCV infection In HIV+ MSM





- No DAA treatment failures yet documented
- Median time to initiation of HCV treatment: 6.6 months (IQR 3.9-9.7)
- In 36 patients (18%), HCV treatment was not initiated.

Reason for no HCV treatment, n (%):

- · Patient's decision 13 (36)
- · Health insurance 12 (33)
- · Postponed, but planned 9 (25)

DAA, direct-acting antiviral agents, STD, sexually-transmitted disease

Conclusion



- In this preliminary analysis from the German NoCo cohort, HCV incidence remained stable until 2019 despite a broad and successful use of DAAs
- A drop in incidence in 2020 may be related to testing patterns, changes in care, or changes in behavior due to the SARS-CoV-2 pandemic
- Delays to HCV treatment initiation and health insurance constraints may be one major contributing factor to ongoing HCV transmission in MSM in Germany

Acknowledgements

Coauthors:

Natasha Martin, Thomas Lutz, Knud Schewe, Stefan Mauss, Stefan Christensen, Sonia Jain, Feng He, Martin Däumer, Axel J. Schmidt, Michael Sabranski, Axel Baumgarten, Markus Bickel, Jürgen K. Rockstroh, Christoph Boesecke.

Division of Infectious Diseases and Global Public Health, UCSD, San Diego, CA, Infektiologikum, Frankfurt, Germany, Infectiologisches Centrum, Hamburg, Germany, Center for HIV and Hepatogastroenterology, Düsseldorf, Germany, Muenster University Hospital, Muenster, Germany, University of California San Diego, La Jolla, CA, USA, Insitute for Genetics and Immunology, Kaiserslautern, Germany, LondonSchool of Hygiene & Tropical Medicine, London, UK, Center for Infectiology, Berlin, Germany, Bonn University Hospital, Bonn, Germany

- Special thanks to all cohort participants as well as study nurses and physicians at the participating centres
- The NoCo Cohort has been funded by Gilead Sciences (Project No. IN-DE-987-4637)



ZIBP Berlin: Ivanka Krznaric, Stephan Grunwald,

Nicole Gersbacher-Runge

University of Bonn: Angelika Saidi ICH Hamburg: Susanne Heesch CIM Münster: Sabine Offermann HIV Center Düsseldorf: Florian Berger Infektiologikum Frankfurt: Annette Haas

University of Freiburg: Maike Hofmann, Robert Thimme Institute for Genetics Kaiserslautern; Alexander Thielen

LSHTM: Peter Weatherburn UCSD: Sonia Jain, Feng He

Database management: Stefan Preis, clinovate®

