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## Background

Strategic plans have been developed to eradicate HCV worldwide. Understanding patient factors associated with being untreated for HCV would help in supporting extra efforts in those patients to achieve HCV elimination in the coming years.

## Purpose

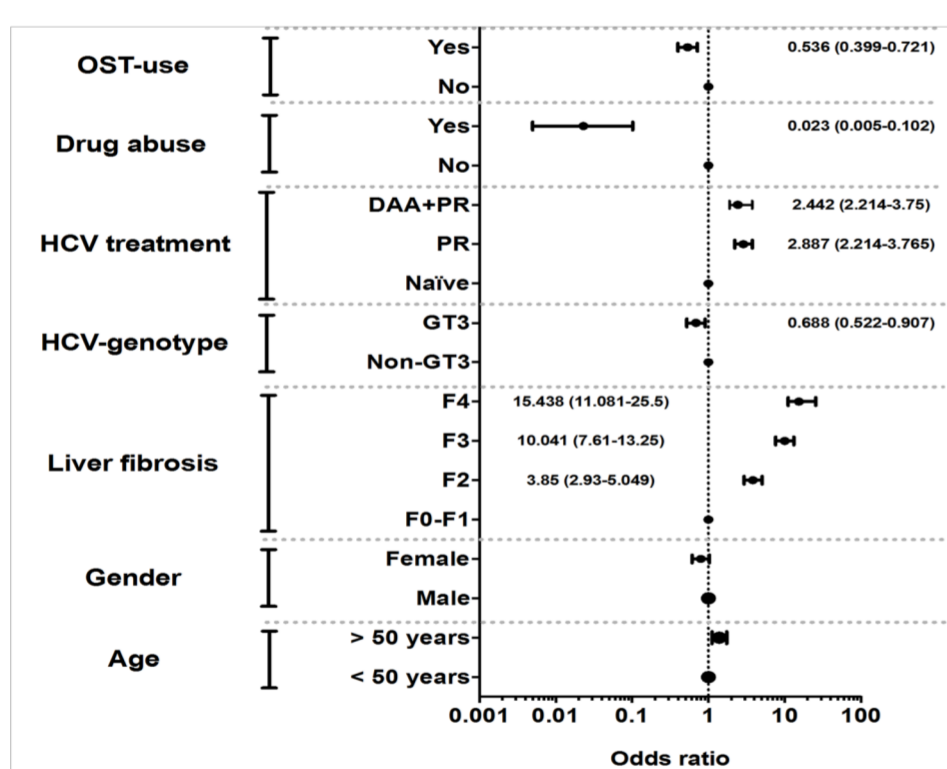
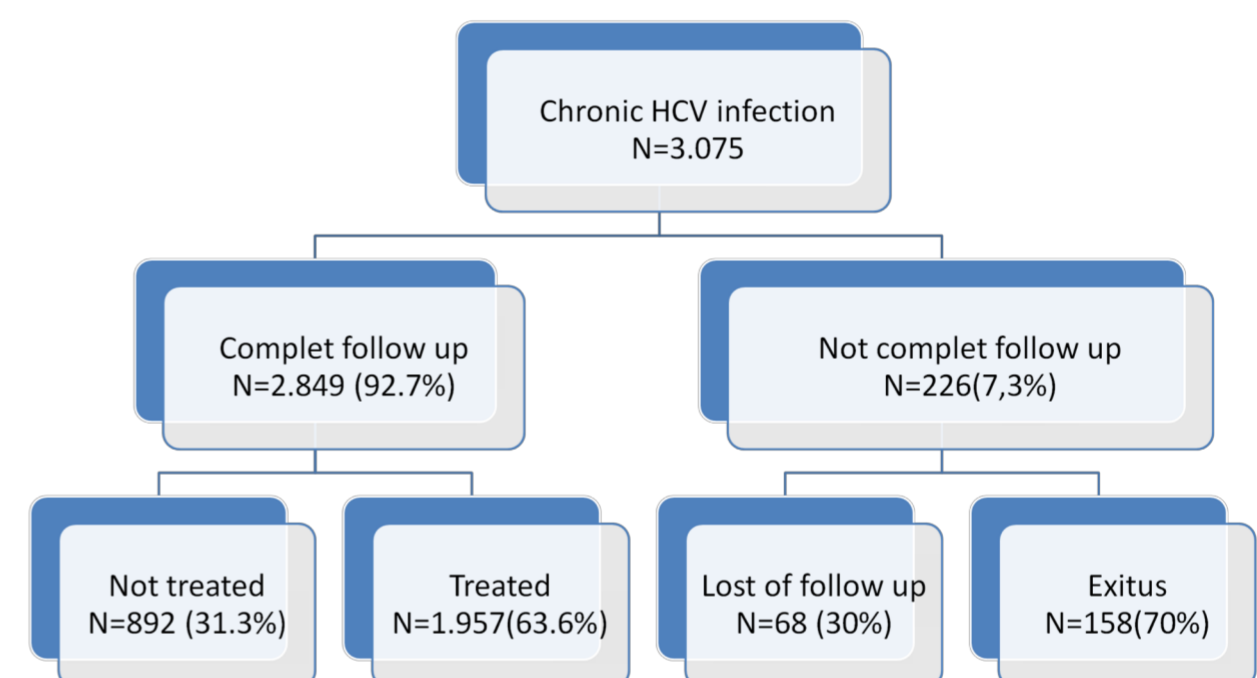
We evaluate the implementation of our country's strategy in HIV/HCV coinfecting patients and barriers to lower treatment implementation in this population.

## Material and methods

This is a multicenter, prospective observational cohort initiated in April 2015, which includes HIV-infected patients with active chronic HCV coinfection in follow-up at 19 centers for the care of HIV-infected patients from May 1, 2015 to May 1, 2017 (accession number: NCT02511496). The main study outcome was receipt of HCV DAAs treatment from May 1, 2015 to May 1, 2017. Variables identified as factors associated with lower treatment rate implementation were included in a logistic regression model for HCV treatment uptake.

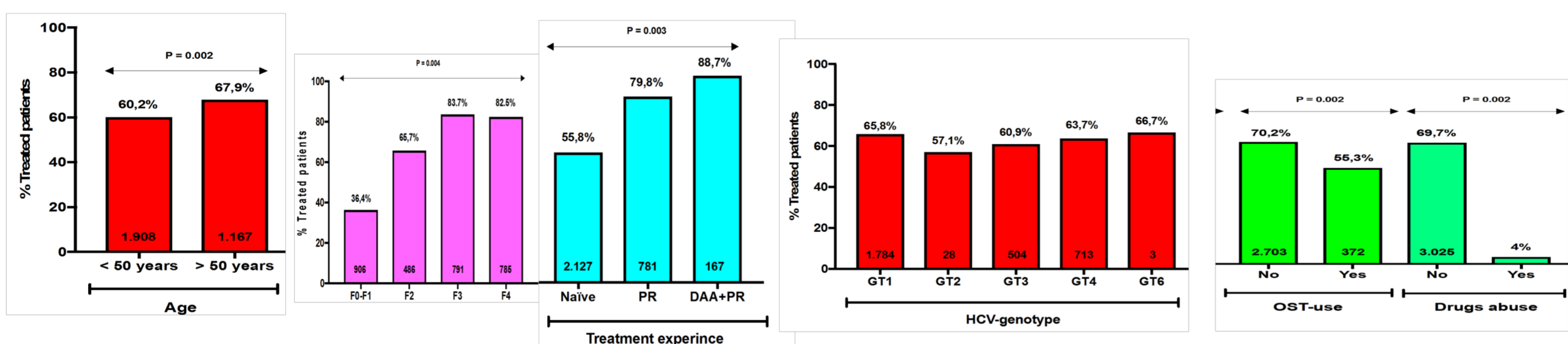
## Results

Of the 15,556 HIV patients in care, 3,075 (19.7%) presented active chronic HCV infection and constituted the study population. By end of the follow-up, 1,957 patients initiated HCV therapy (63.6%).



In the multivariate analysis were identified as significant independent risk factors associated with low DAA implementation:

- an age lower than 50 years
- absence of or minimal liver fibrosis
- treatment-naïve patients
- HCV genotype 3 infection
- people who injected drugs using opioid substitutive therapy and recent PWIDs.



## Conclusion

In the study period, a high number of HIV/HCV coinfecting patients from our cohort received DAA therapy.

We identified factors, which did not include prioritization of DAAs uptake strategy, that limited the access to HCV therapy.

The low treatment uptake in several populations seriously jeopardizes the completion of the HCV elimination in the coming years

