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Prevalence trends of active HCV infection among people with HIV in Spain (2002−2023): nearing elimination

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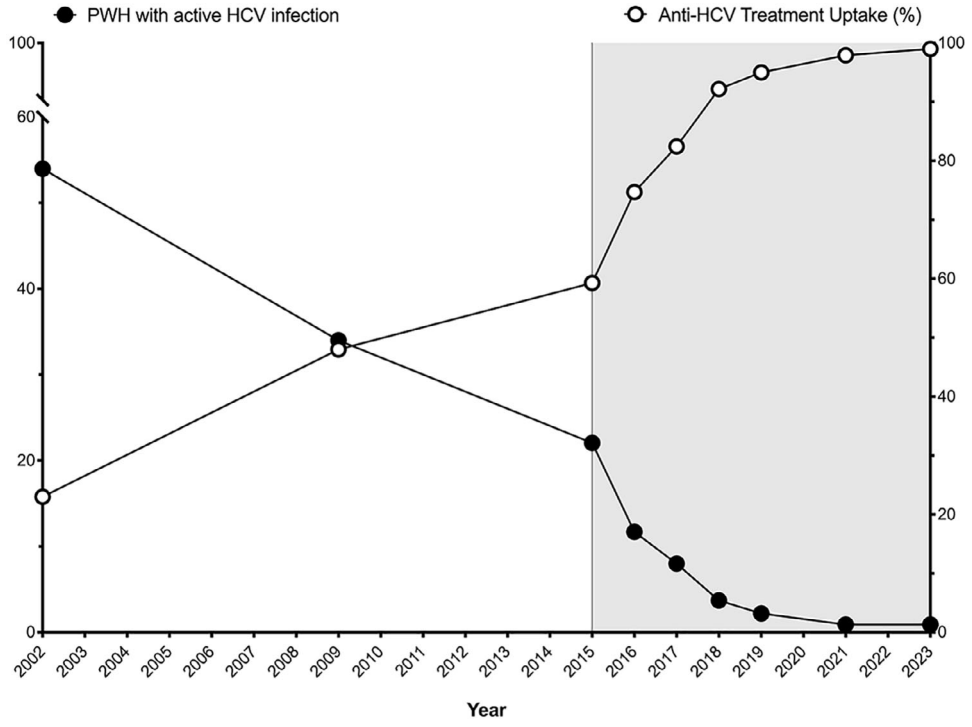
Background: Hepatitis C virus (HCV) historically posed a severe health burden for people with HIV (PWH) in Spain. Over the past two decades, shifts in HIV acquisition modes, implementation of harm reduction programmes for people who inject drugs (PWID) and the introduction of all-oral direct-acting antiviral (DAA) therapies for HCV have significantly influenced the epidemiology of HIV/HCV coinfection. This study reports the prevalence of HCV in PWH in Spain in 2023 and compares the results with eight similar studies conducted since 2002.

Materials and methods: The primary objective of all studies was to determine the prevalence of both anti-HCV antibodies and active HCV infection (HCV-RNA+) among PWH. The target population included PWH in active follow-up at participating centres (defined as having at least one outpatient visit or hospitalization in the previous 12 months). Sample size estimation accuracies varied from 3% in the first 2 years to less than 1% in the last 2 years. Patients were selected through random sampling with proportional allocation.

Results: Table 1 summarizes study metrics and patient characteristics across all nine prevalence studies. Significant trends include changes in the mechanisms of HIV acquisition among participants, with a decrease in PWID and an increase in men who have sex with men (MSM). HCV seroprevalence among PWH decreased from 60.8% in 2002 to 27.4% in 2023. The prevalence of active HCV infection decreased from 54.0% in 2002 to 0.9% in both 2021 and



O45: Figure 1. Prevalence of active HCV infection and anti-HCV treatment uptake in the nine prevalence studies of HCV among PWH in Spain. The shaded area indicates the years during which DAAs were available for treatment.

O45: Table 1. Participating centres, reference population, sample size and baseline characteristics of participants in the nine prevalence studies of HCV among PWH in Spain

	2002	2009	2015	2016	2017	2018	2019	2021	2023
Sites, *n*	39	43	41	43	43	43	41	41	39
Reference population, *n*	31,800	36,450	35,791	38,904	40,322	40,650	41,973	46,059	47,006
Sample size, *n*	1260	1458	1867	1588	1690	1733	1325	1421	1431
Male sex, %	72	73	76	77	75	74	75	75	79
Age years, mean (SD)	40 (8)	45 (10)	47 (10)	49 (11)	49 (11)	49 (11	49 (12)	50 (12)	51 (12)
HIV transmission category, %									
PWID	55	44	31	30	30	29	26	24	21
MSM	17	24	35	35	34	36	40	43	46
Other/unknown	28	32	34	35	36	35	34	33	33
Anti-HCV treatment uptake, %	23.0	48.0	59.3	74.7	82.4	92.2	95.0	97.9	99.0
Prevalence of HCV antibodies, %	60.8	50.4	37.7	34.6	34.0	33.6	28.6	28.4	27.4
Prevalence of active HCV (RNA+), %	54.0	34.0	22.0	11.8	8.0	3.7	2.2	0.9	0.9

2023. Anti-HCV treatment uptake increased from 23.0% in 2002 to 48.0% in 2009 (with pegylated IFN + RBV), and following the intro- duction of all-oral DAAs, saw a sharp increase from 59.3% in 2015 to 99.0% in 2023 (Figure 1).

Conclusions: Over the past two decades, HCV infection among PWH in Spain has sharply declined, now representing a marginal issue within this population. The introduction of all-oral DAAs has been crucial in reducing active HCV infection prevalences to less than 1% since 2021. Despite this progress, the absence of an HCV vaccine and continued high-risk transmission practices highlight the need for ongoing awareness, testing, characterization of new infections and transmission networks, and prevention efforts.