

Abstract Supplement

HIV Glasgow

10–13 November 2024, Glasgow, UK / Virtual

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Acute/recent infections and reinfections by HCV in MSM with and without HIV in the region of Madrid (ATHENS study)

Pablo Ryan¹, Juan Berenguer², Luis Ramos Ruperto³, Mar Vera⁴, Leire Pérez-Latorre², Ignacio De los Santos⁵, Adriana Pinto⁶, Santos Del Campo⁷, Eva Orviz⁸, Beatriz Álvarez-Álvarez⁹, José Sanz¹⁰, Pilar Ruiz-Seco¹¹, Rafael Torres¹², Beatriz Brazal¹³, Beatriz López-Centeno¹⁴, José M Bellón², Luz Martín-Carbonero³, Juan González-García³

¹Infectious Diseases, Hospital Infanta Leonor, Madrid, Spain.

²Infectious Diseases, Hospital Gregorio Marañón, Madrid, Spain.

³HIV Unit/Internal Medicine, Hospital La Paz, Madrid, Spain. ⁴HIV Unit, Centro Sanitario Sandoval, Madrid, Spain. ⁵Infectious Diseases, Hospital de La Princesa, Madrid, Spain. ⁶HIV Unit, Hospital Doce de Octubre, Madrid, Spain. ⁷Infectious Diseases, Hospital Ramón y Cajal, Madrid, Spain. ⁸HIV Unit/Internal Medicine, Hospital Clínico San Carlos, Madrid, Spain. ⁹Infectious Diseases, Hospital Fundación Jiménez Díaz, Madrid, Spain. ¹⁰Infectious Diseases, Hospital Príncipe de Asturias, Alcalá de Henares, Spain. ¹¹Internal Medicine, Hospital Infanta Sofía, San Sebastián de los Reyes, Spain. ¹²Infectious Diseases, Hospital Severo Ochoa, Leganés, Spain. ¹³Clinical Research, Fundación SEIMC-GeSIDA, Madrid, Spain. ¹⁴Sub. Gral. Farmacia y Productos Sanitarios, Servicio Madrileño de Salud, Madrid, Spain

Introduction: Ongoing high-risk transmission behaviour among MSM challenges HCV elimination goals in many settings. We examined the epidemiology of acute/recent HCV infections and reinfections in MSM with and without HIV in the Madrid region.

Methods: This prospective study (2021-2023) enrolled MSM with HIV included in the Cohort of the Spanish Network of AIDS Research (CoRIS) at several clinical centres in Madrid and from those with previous HCV treated with DAA in the Madrid Coinfection Registry (Madrid-CoRE). MSM without HIV were recruited among those receiving PrEP in one public STI clinic. Participants were assessed at baseline and follow-up visits at months 6 and 12 (± 2). Assessment in all visits included sexual behaviour, drug use, syphilis serology, HCV (serology and HCV-RNA) and nucleic acid testing (NAT) for gonorrhoea and chlamydia on pharyngeal, urethral, and rectal swabs. Primary outcomes (reported herein) were the prevalence of active HCV infection at baseline and the incidence of new infections during follow-up, stratified by previous HCV infection and HIV status. For the incidence analysis, people with prevalent HCV infections were excluded.

Results: A total of 1372 MSM (733 HIV-positive and 639 HIV-negative) were enrolled. HIV-positive participants were slightly older (41 vs 37 years), and both groups were mainly native-born Spaniards. At baseline, both HIV-positive and negative participants reported high rates of condomless anal intercourse in the past 2 months (66% vs 98%) and had high rates of previous STIs (75% vs 68%). Chemsex use was 33% HIV-positive and 27% HIV-negative participants, respectively. Table 1 shows the prevalence of active HCV at baseline and incidence rates of new HCV infections during follow-up. The prevalence ratio for those with versus those without prior HCV was 6.93 (95% CI 3.07-15.66). The incidence rate ratio for those with versus those without prior HCV was 8.41 (95% CI 2.96-23.88).

Conclusions: Low HCV prevalence and incidence were found among MSM without prior HCV infection. However, these figures were significantly higher in MSM with a history of HCV, regardless of HIV status. Targeted interventions for HCV screening, rapid treatment initiation, and harm reduction strategies are crucial for MSM with prior HCV infection to achieve HCV elimination goals.