THE IMPACT OF COVID-19 ON HCV MICRO-ELIMINATION IN MSM IN GERMANY

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BACKGROUND

Men who have sex with men (MSM) have been identified as one subgroup with continuous hepatitis C virus (HCV) transmission due to sexual risk behavior and recreational drug use, but has also been declared as a target population for HCV micro-elimination efforts. Within the NoCo cohort, we assess newly acquired HCV among MSM in Germany since the introduction of directly-acting antiviral agents (DAAs), and have previously demonstrated ongoing transmission rates up to 2020. The COVID-19 pandemic and its containment measures might have an explicit impact due to reduced service availability and/or behavior change.

METHODS

The German NoCo cohort consists of patients from six German HIV and hepatitis treatment sites providing care for more than 8000 HIV-positive MSM, and serving as primary care providers and HIV pre-exposure prophylaxis (PrEP) sites. Patients who were diagnosed with recently acquired HCV infection since 2014 were enrolled and are followed-up. Virologic data, HIV and HCV treatment data, risk factors and behavior as well as liver disease assessment is acquired regularly.

Table 1: Baseline characteristics of 237 MSI with recently acquired HCV infection



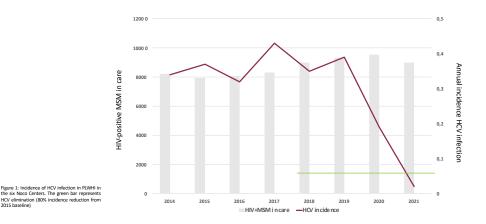


Age, mean years (SD)	45.3 (9.6)
Caucasian origin, n (%)	225 (95)
HIV negative, n (%)	21 (8.9)
* on PrEP, n (%)	15 (71.4)
Reason for HCV testing,	
- ALT elevation, n(%)	78 (33.1)
- routine testing, n(%)	133 (56.4)
- symptomatic, n(%)	4 (1.7)
- Partner HCV, n(%)	13 (5.5)
Transmission risk HCV	
- MSM, n(%)	219 (92.4)
- IVDU, n (%)	7 (3)
- other, n(%)	1 (0.4)
- unknown, n(%)	17 (7.2)
	475,000
HCV viral load, IU/mL (IQR)	(66955-
	3,005,882)
HCV genotype, n(%)	
- 1a	139 (58.7)
- 3a	14 (5.9)
- 4d	39 (16.5)
ALT, median U/L (IQR)	224 (86-521)
STD 12 months prior HCV	
- Syphilis, n(%)	53 (23.9)
- N. gonorrheae, n(%)	20 (9)
- C. trachomatis, n(%)	20 (9)

NoCo-Germany: In 2021, HCV elimination was achieved among HIV-positive MSM. Rates of follow-up and testing remained stable despite the pandemic. Behavioral changes due to pandemic restrictions may have driven our results.

RESULTS

Between January 2014, and October 2021, 237 MSM with recently acquired HCV infection were included. A majority were Caucasian (95%), and mean age was 45.3 years (standard deviation, SD, 9.57). At HCV diagnosis, median ALT level was 224 U/L (interquartile range, IQR, 86 – 521), and median HCV viral load was 475,000 IU/mL (IQR 66,955 – 3,005,882). The most prevalent HCV genotypes were 1a (58.7%), and 4d (16.5%), see table 1.



RESULTS cont.

A subgroup of 21 (8.9%) MSM were not co-infected with HIV, of whom 15 (71.4%) were using PrEP. Anti-HCV treatment with DAAs was documented in 165 patients (71.7%), 18 (7.8%) had a spontaneous clearance, and in 47 patients (20.4%) treatment was not started. DAAs were initiated a median 6.6 months (IQR 4 to 9.3) after diagnosis; all treated patients achieved a sustained virologic response (SVR), or treatment was still ongoing (16%).

Between 2014-2019 27-36 patients were diagnosed with recently acquired HCV annually. In relation to all HIV-positive MSM under care, the incidence was 0.33-0.39% per year with no significant change over time. In 2020, a decline in HCV incidence to 0.28% was observed. In 2021 HCV incidence dropped to 0.02%. In the same period, the number of patients seen in the centers remained stable, and routine HCV testing returned to pre-pandemic levels by the end of 2020. The overall number of HCV RNA test in NoCo participants was: 332 in 2019, 585 in 2020, 325 in 2021.

CONCLUSIONS

The German NoCo cohort demonstrated stable HCV incidence rates despite a broad use of DAAs up to 2019. In 2021, however, micro-elimination goals were met due to a drop in incidence, possibly due to behavior changes related to the SARS-CoV-2 pandemic and associated containment measures.

Additional Information

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