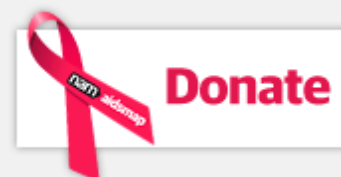




Monday 30 October 2017

Contents

- | [Spain making good progress towards elimination of HCV in people with HIV](#)
- | [HCV care continuum across Europe](#)
- | [High rate of HCV reinfection among gay and bisexual men](#)
- | [Experimental treatment for extensively drug-resistant HIV does well in trial](#)
- | [Symtuza combination pill safe and effective in people starting HIV treatment](#)
- | [Quality of life survey shows that many people with HIV still pessimistic about their prospects](#)
- | [New website: PrEP in Europe](#)
- | [Download our news app to keep up to date](#)
- | [Support our work](#)



Spain making good progress towards elimination of HCV in people with HIV



Juan Berenguer and Juan González from GeSIDA at EACS 2017. Image credit: @GeSIDA

Widespread use of direct-acting antivirals (DAAs) has achieved an almost 50% reduction in hepatitis C virus (HCV) prevalence among people with HIV in Spain, according to data presented to the 16th European AIDS Conference (EACS 2017), held last week in Milan, Italy.

The research involved 43 HIV treatment centres across Spain. The proportion of people with chronic HCV fell from 22% in late 2015 to 11.6% in late 2016. After taking into account people currently undergoing treatment, the real figure could be as low as 9%.

Since early 2016, DAA therapy has been available for all people with HCV in Spain with F2 fibrosis and above, and also for individuals at risk of transmitting HCV, regardless of fibrosis status.

The proportion of HIV-positive people in Spain who have co-infection with HCV has been falling since 2002. Part of this can be explained by a decline in people who were infected with HIV through injecting drug use: from 55% in 2002 to 30% in 2016.

But it's clear that HCV treatment is also a major contributory factor. The proportion of people receiving treatment increased from 23% in 2002, to 59% in 2015 and to 74% in 2016.

The results of the analysis suggest that use of DAAs is helping Spain make excellent progress towards the elimination of HCV among people with HIV.

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HCV care continuum across Europe



Sarah Amele presenting at EACS 2017. Image credit: @ProfJLundgren

A study conducted by EuroSIDA involving people with HIV and hepatitis C virus (HCV) co-infection in Western, Southern and Eastern Europe showed that people are being lost at each stage of the HCV care continuum. The findings were presented at the conference.

The research involved approximately 7000 people who tested positive for HCV antibodies before January 2015. A fifth of these people never had a confirmatory test for HCV RNA – an essential first step to determine the presence of active HCV infection.

Only 46% of people in Eastern Europe had an RNA test compared to 94% of people in Western Europe. People from migrant communities were less likely to receive an HCV RNA test but people who inject drugs were more likely to receive an HCV RNA test than the population as a whole.

A total of 5027 people had a positive RNA result and 57% of the entire study sample were RNA-positive as of January 2015.

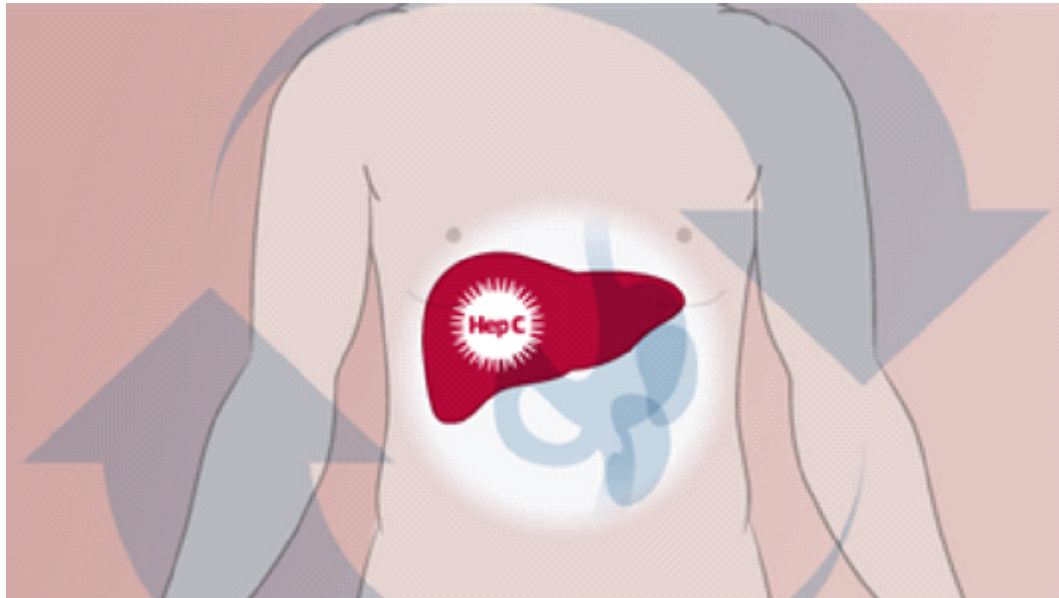
Only 45% of these people underwent genotype testing. Less than half of all people with chronic HCV underwent a course of treatment, and only 9% received interferon-free DAA therapy.

Overall, substantial numbers of people were being lost at each stage of the HCV care continuum.

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High rate of HCV reinfection among gay and bisexual men



About one in seven gay and bisexual men cured of hepatitis C virus (HCV) at major treatment centres in Germany has been reinfected with the virus since 2014, the conference heard.

All the reinfections occurred within 18 months of completing curative therapy.

The risk of reinfection was highest for men who shared drug-injecting equipment during sex – chemsex.

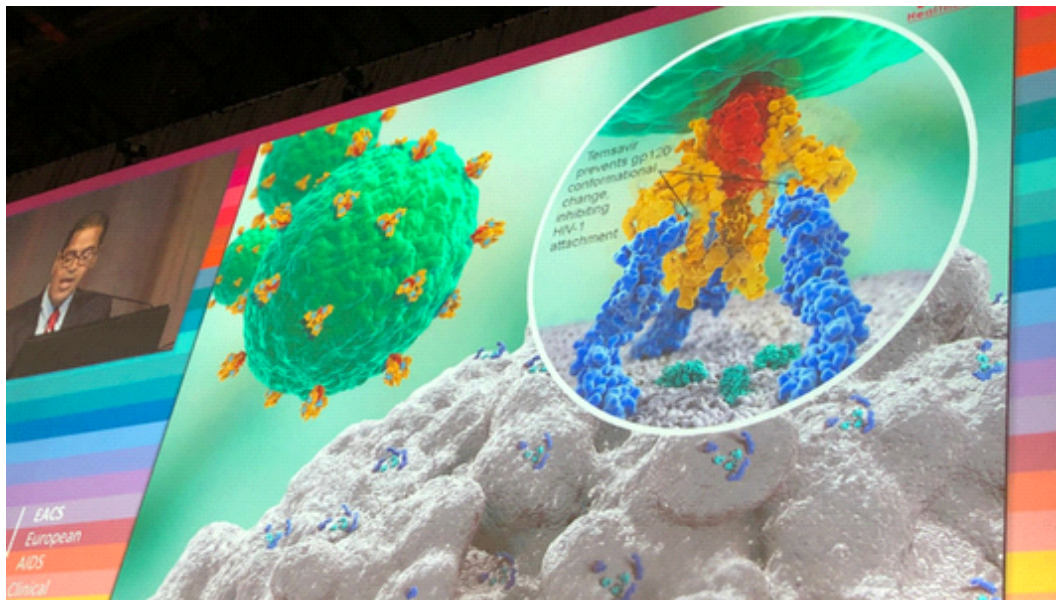
But injecting drug use only explained about a quarter of the cases of reinfection. There's uncertainty about the exact roles of injecting drug use and unprotected sex and sexual activities such as fisting in the HCV epidemic among gay men. **Research suggests that hepatitis C can be passed on during sex between men that involves contact with semen, rectal mucus or blood.**

Previous research has shown that between 7 and 10% of gay men cured of HCV are rapidly reinfected with the virus.

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Experimental treatment for extensively drug-resistant HIV does well in trial



Fostemsavir presentation by Max Lataillade at EACS 2017. Image credit: @chloe_orkin

Half of patients with extensive resistance to existing anti-HIV drugs achieved viral suppression when treated with fostemsavir, an experimental attachment inhibitor in combination with other antiretrovirals selected after resistance testing.

The study – designed to lead to the eventual approval of the drug – recruited people with very limited existing treatment options.

Participants were randomised to take fostemsavir or a placebo, which was taken with the pre-existing failing regimen for seven days. All participants then switched to fostemsavir plus a combination of drugs selected after resistance testing. A separate group of people with no fully active treatment options received open-label fostemsavir plus optimised therapy.

The main aim of the study was to measure changes in viral load during the first week of treatment. By day 8, people receiving fostemsavir had much bigger falls in viral load compared to those taking the placebo.

After six months of treatment with fostemsavir/optimised regimen, 54% of people had an undetectable viral load and a further 32% had a viral load above 40 copies/ml but were still taking the drug.

The most common side-effects were headache, vomiting, diarrhoea, tiredness and weakness, and 6% of people stopped therapy because of an adverse event.

The drug is expected to be approved in the US in early 2018.

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Symtuza combination pill safe and effective in people starting HIV treatment



The single-pill combination of darunavir, cobicistat, tenofovir alafenamide and emtricitabine (*Symtuza*) is as safe and effective as a pre-existing multi-drug single-pill therapy for people taking HIV therapy for the first time, the conference heard.

Symtuza is already approved for treating people with HIV.

The latest study compared *Symtuza* to a multi-pill combination of darunavir, cobicistat, emtricitabine and the older formulation of tenofovir (tenofovir disoproxil). All the participants were starting HIV therapy for the first time.

Individuals were equally randomised to take *Symtuza* or the control therapy.

After 48 weeks, 91% of people taking *Symtuza* had an undetectable viral load compared to 88% of those taking the comparison treatment.

The most common side-effects were diarrhoea, rash and nausea. People taking *Symtuza* were less likely to stop therapy than those taking the other regimen (2 vs 4%), though the adverse events rate was similar between the two study arms (5 vs 6%).

Symtuza had advantages in terms of kidney function and bone density. However, the therapy was associated with slightly higher cholesterol than the control treatment.

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Quality of life survey shows that many people with HIV still pessimistic about their prospects



Image from the 'HIV is: Expectations from Life' website: <http://campaigns.visit-gbu.eu/expectations-from-life>

A Europe-wide study has shown that many people with HIV still expect to die prematurely and are also fearful of HIV-related stigma.

The study was commissioned by the drug company Gilead Sciences and was conducted in late 2016.

A total of 522 HIV-positive individuals were recruited and were matched with 2723 HIV-negative individuals in the general population.

The life expectancy of people doing well on HIV treatment is now excellent. Nevertheless, it's clear that many people with HIV are still pessimistic about their prognosis. A third of people with HIV, compared to 10% of the controls, said they expected to die earlier than their friends, peers and older siblings.

People with HIV were also less likely than individuals in the general population to rate their health as excellent or good (44 vs 69%).

People with HIV were more likely than the controls to prioritise love and a healthy sex life over financial stability.

Over half of people with HIV thought that the virus was a potential barrier to meeting a partner, with disclosure widely cited as a reason. Just under a half (47%) of all people with HIV and 38%

of those with an **undetectable viral load** feared transmitting the virus to others.

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New website: PrEP in Europe



A new website, **PrEP in Europe**, has been officially launched at EACS 2017.

The website is run by the PrEP in Europe Initiative, a partnership of six HIV prevention and policy organisations that work in Europe, including NAM aidsmap. PrEP in Europe provides information on the effectiveness and availability of pre-exposure prophylaxis (PrEP), and news and advice to help strengthen advocacy for PrEP throughout Europe.

Related links

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As well as accessing news from EACS 2017 through our website, you can also [download our free app](#) for [iPhone](#) or [Android](#).

The apps link to our daily news reports on new research presented at EACS 2017, and other news on HIV treatment and prevention. We also cover key developments in hepatitis, TB and other health conditions linked to HIV.

As well as articles by our own editors, the apps include a daily hand-picked selection of HIV-related stories from other websites around the world.

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