**TREATMENT OF HCV/HIV CO-INFECTION IN NHS TAYSIDE, SCOTLAND, 2001-2019**

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**Background:** World Health Organisation estimates approximately 37 million people are living with HIV (PLWH) globally; with 2.9 million co-infected with Hepatitis C (HCV). It urges that priority be placed on diagnosis, treatment and linkage to care for co-infected individuals. NHS Tayside specialist liver service audited treatment of co-infection to date.

**Description of model of care:** Testing PLWH for HCV is routine practice. NHS Tayside operates an integrated care pathway – with full responsibility for HIV testing and prescribing for known PLWH in the area – wherein co-infected individuals are managed by infectious diseases physicians, with input from hepatologists, specialist nurses and pharmacists via weekly multi-disciplinary meetings. Co-infected individuals are treated for HCV by physician closest to them. Data from all known patients with HCV/HIV co-infection in Tayside is collected on a clinical database which was retrospectively analysed.

**Effectiveness:** 394 PLWH were identified as ever having received care in Tayside; 48/394 were co-infected and eligible for HCV treatment. 46 underwent HCV therapy with 2 awaiting treatment. HCV regimen for 30 was PEGylated interferon +/- ribavirin, and direct acting antivirals for 16. Forty achieved sustained viral response (SVR), 5 died pre-SVR test, one result is awaited. The main risk factor for HCV in this cohort is injecting drugs (N=39). Currently 360 PLWH receive HIV care in Tayside, 350 (97%) have been HCV tested and are aware of their status, 3% are likely to have been tested anonymously, but may be yet untested.

**Conclusion:** Most PLWH in Tayside currently know their HCV status and linkage to care is effective for co-infected individuals due to multidisciplinary care structure, distributive leadership and co-location of blood-borne virus screening. Most co-infected individuals were treated successfully, but some died post-HCV treatment, and further engagement is required of those awaiting therapy. Analyses are underway to determine if micro-elimination has been achieved.

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