
Acute Hepatitis C in the PROUD pilot study

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behalf of the **PROUD study**

PROUD Pilot Study

PRe-exposure **O**ption for reducing
HIV in the **UK**: an open-label
randomisation to immediate or
Deferred daily Truvada for HIV
negative gay men

Background

- Pre-exposure prophylaxis (PrEP) has proven biological efficacy to reduce the sexual acquisition of HIV¹, but public health benefit is uncertain.
- Concerns about the effect of PrEP usage on risk behavior and acquisition of other STIs
- Excluding intravenous transmission, Hepatitis C (HCV) is almost exclusively found in HIV positive MSM. HCV testing is not routine in HIV negative MSM, so it is not included in the PROUD study

1. Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. N Engl J Med 2010;363:2587-99. .

Interim guidance for clinicians considering the use of preexposure prophylaxis for the prevention of HIV infection in heterosexually active adults. [MMWR Morb Mortal Wkly Rep.](#) 2012;61:586-9

Methods

- ***Past history of STIs*** is collected at enrolment
- ***STI screens*** are conducted at six monthly intervals, but results from additional routine screens are collected at each visit (three monthly)
- HCV antibody and raised ALT were ***not exclusion criteria in PROUD***
- Acute HCV ***defined as:***
 - HCV RNA positive and anti HCV negative (with follow up)
 - HCV Ab/RNA positive with previous negative in 6 months

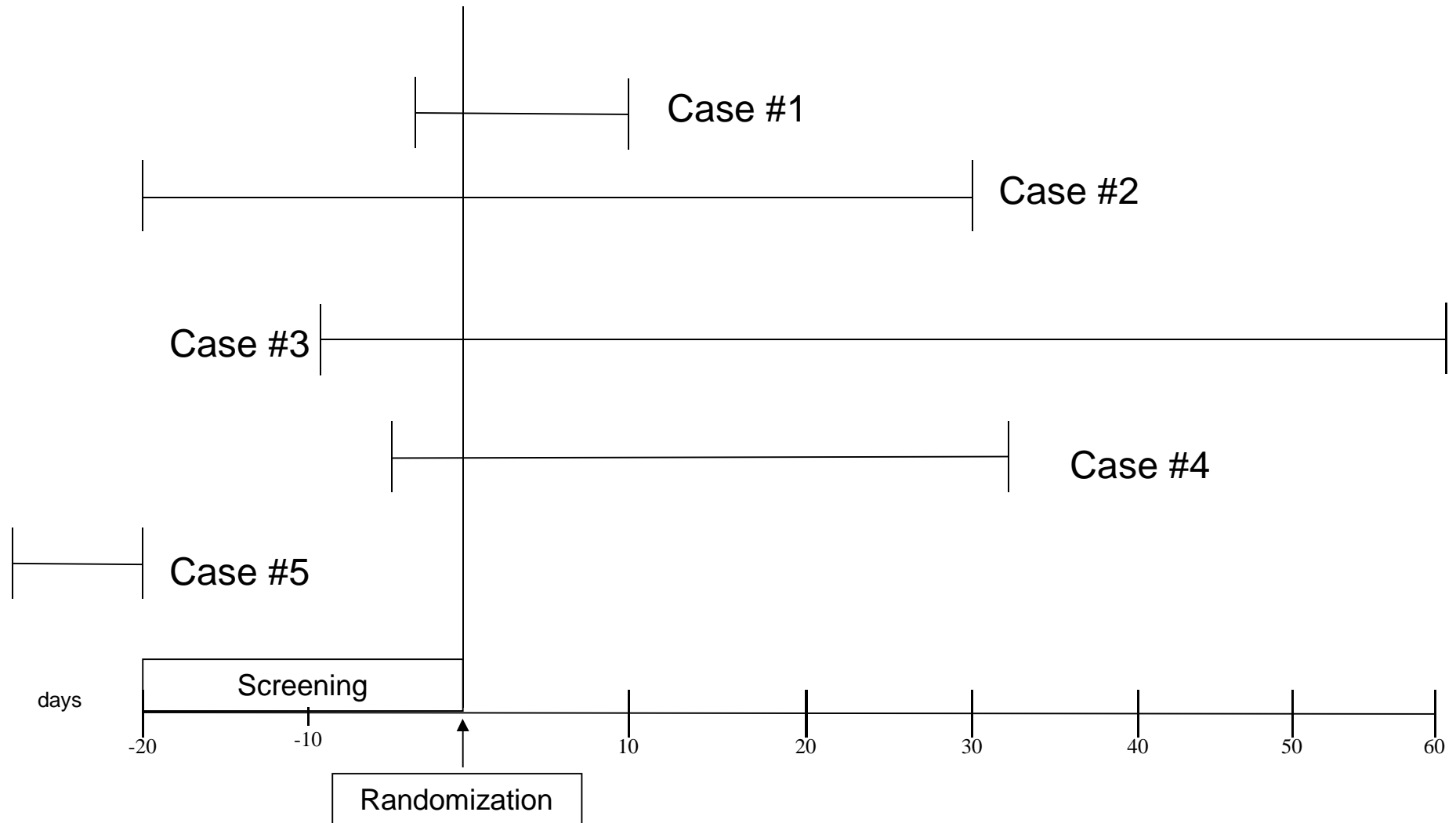
Results

- 393 participants enrolled by 31/12/2013
- 160 (41%) individuals had been tested on one or more occasion for HCV.
- HCV incidence in our cohort was 5/393: 1.3%, and amongst those tested 5/160: 3.1%.

Case characteristics

| Site | Randomization ARM | Age | Time from enrolment to HCV diagnosis (Days) | HCV RNA Baseline | Indication for HCV Testing | Symptoms/ ALT | STI since enrolment |
|------------|-------------------|-----|---|------------------|----------------------------|-------------------------|---------------------|
| Brighton | Immediate | 38 | 297 | 311905 | Risk behaviour | NO | Yes |
| Barts | Immediate | 39 | 28 | 11902147 | Partner HCV (+) | NO | No |
| Manchester | Deferred | 24 | 64 | 1684020 | Symptoms | Jaundice/ Raised ALT | Yes |
| STH | Immediate | 38 | 29 | 9003 | Partner HCV (+) | NO | No |
| KLC | Deferred | 64 | -28 | 1,641,554 | IDU | NO | Yes |

Time since last HCV negative to HCV diagnosis



Conclusions

- There was an unexpected number of aHCV cases.
- HIV prevention studies should consider including HCV testing at baseline and follow-up as part of testing for other STIs.
- Undiagnosed acute HCV infection in MSM reporting high risk sex is a public health concern.
- Routine testing of HCV and ALT in the list of routine STIs should be considered for this group.

Acknowledgements (1)



Study participants

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Acknowledgements (2)



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