

Annual Hepatitis C Screening in Men Who Have Sex with Men Living with HIV:



An Audit of Compliance with National Guidelines

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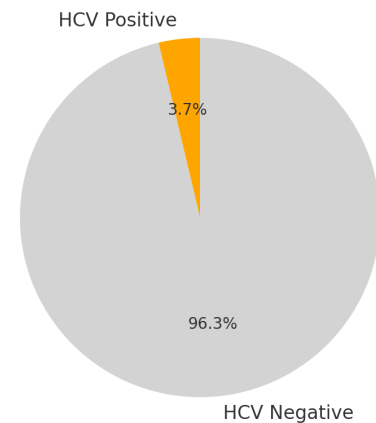
BACKGROUND

Hepatitis C (HCV) is a significant global health concern, with an estimated 58 million people living with chronic infection worldwide. While most new infections in Ireland are linked to injection drug use, sexual transmission—particularly among men who have sex with men (MSM) living with HIV—is an important risk factor. In 2023, Ireland recorded a 12% increase in HCV notifications (5). The World Health Organization (WHO) aims to eliminate hepatitis C as a public health threat by 2030, with a goal of a 90% reduction in new infections and a 65% reduction in mortality (3). National Clinical Guideline No. 15 recommends annual HCV screening for all MSM living with HIV (7). This audit evaluates adherence to this guideline in a tertiary hospital HIV service.

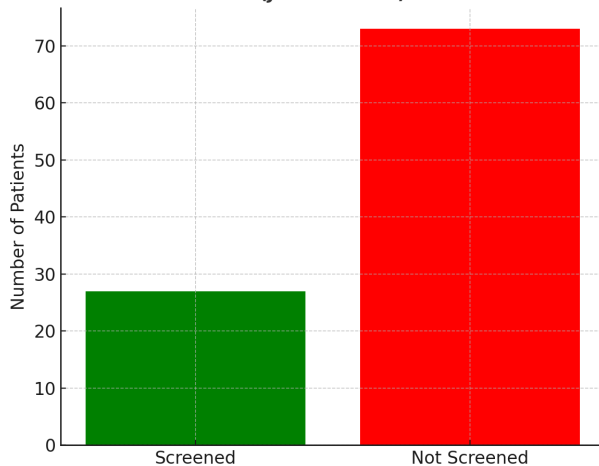
METHODS

- A retrospective audit of electronic and physical records was conducted for 100 MSM living with HIV who attended a tertiary hospital for HIV care from January to December 2024.
- Data collected included HCV screening status, ALT levels, recent STI diagnoses, and documented chemsex history.
- Descriptive statistics were used to assess compliance with national screening guidelines and subgroup performance.

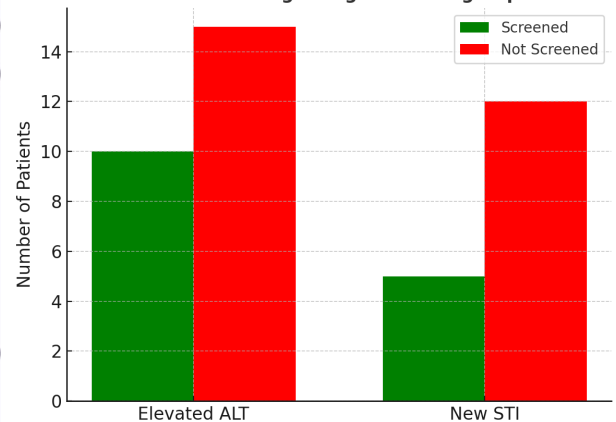
HCV Positivity Rate Among Those Screened



Overall HCV Screening Rate in MSM Living with HIV (Jan-Dec 2024)



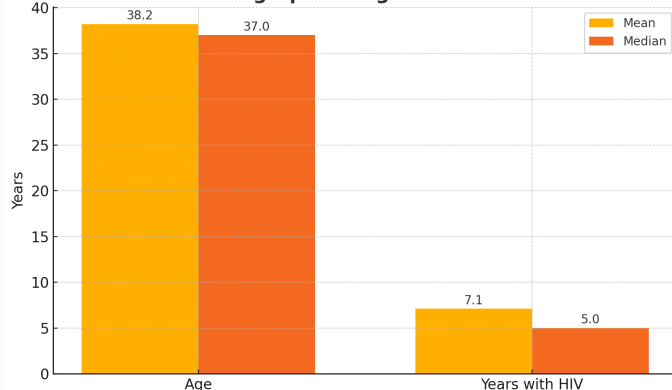
HCV Screening in High-Risk Subgroups



RESULTS

Only 27% (27/100) of eligible patients were screened for HCV within the 12-month period. Among those screened, 3.7% (1 patient) tested positive. Subgroup analysis showed that 40% (10/25) of patients with elevated ALT and 29% (5/17) with newly diagnosed STIs were screened. The single patient with a history of chemsex was not screened. The mean age of the cohort was 38.2 years and mean duration of HIV diagnosis was 7.1 years. No changes were implemented during the audit period.

Patient Demographics: Age and Duration of HIV



CONCLUSION

The audit identified significant shortfalls in annual HCV screening compliance among MSM living with HIV. Improving screening uptake—particularly in high-risk subgroups—will be critical to aligning hospital practices with national goals and progressing toward the WHO target of HCV elimination by 2030.

DISCUSSION AND RECOMMENDATIONS

This audit highlights poor adherence to national HCV screening guidelines among MSM living with HIV. Even in the presence of risk factors such as elevated ALT or new STIs, screening remained inconsistent. These findings represent missed opportunities for early diagnosis and treatment. Barriers to screening may include limited clinician awareness, patient disengagement, or systemic inefficiencies. Targeted quality improvement initiatives such as audit feedback, clinician education, and EHR prompts may help close this gap.

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