BACKGROUND

- In Washington, DC an estimated 9% of HIV-infected persons have a diagnosis of chronic Hepatitis C infection (HCV).
- HCV management guidelines recommend:
  - Most patients receive treatment unless they have limited life expectancy due to a co-morbidity; and
  - Prioritization of treatment based on host factors including co-infections and degree of liver fibrosis.
- Drug cost for directly acting agents is substantial.

OBJECTIVES

- To describe the prevalence and incidence of HCV, and drug cost for directly acting agents is substantial.

METHODS

- A longitudinal observational cohort study of HIV-infected persons in care in Washington, DC at 13 participating clinical sites.
- Data abstracted from participants’ electronic medical records manually and through electronic exports.
- Included participants enrolled 1/2011 - 12/2014 with an HCV diagnosis either at baseline or during the follow-up period.

RESULTS

- 35% of participants had HCV RNA levels over 800,000 copies/ml. (Figure 1)
- Few participants (n=14; 7.1%) with incident HCV infections were treated for their HCV. (Figure 2)
- Median APRI score was 0.4 (IQR 0.3, 0.8); median FIB4 score was 1.7 (IQR 1.1, 2.8).
- In addition to their HIV, 71% of co-infected participants met IDSA/AASLD priority treatment criteria with an additional 16% meeting treatment criteria due to elevated transmission risk. (Table 2)

CONCLUSIONS

- HIV/HCV co-infection is relatively common with a remarkably high rate of incident infections.
- The majority of new infections are receiving HIV care at community based clinics.
- Most HIV/HCV co-infected patients have factors placing them at highest priority for treatment according to the current guidelines.

LIMITATIONS AND STRENGTHS

- Limitations include missing HCV RNA levels, lack of HCV genotype data, and use of iCD9 and serologic estimates of fibrosis to characterize risk.
- Strengths include the large, representative sample of the DC Cohort.

DISCUSSION

- With few participants previously treated for their HCV infection, providing prompt therapy will require substantial financial and workforce resources.
- Estimated treatment costs for this cohort are $28-54 million, which if extrapolated to all HIV/HCV infected persons in DC will cost an estimated $134-261 million.
- HIV care providers should regularly screen for HCV infection, identify persons at high priority for treatment, and ensure treatment access to those in need.