

Cured vs. Not Yet Treated: Population Differences for HIV/HCV Co-infected Patients Navigating the HCV Care Cascade in 11 Connecticut Clinics

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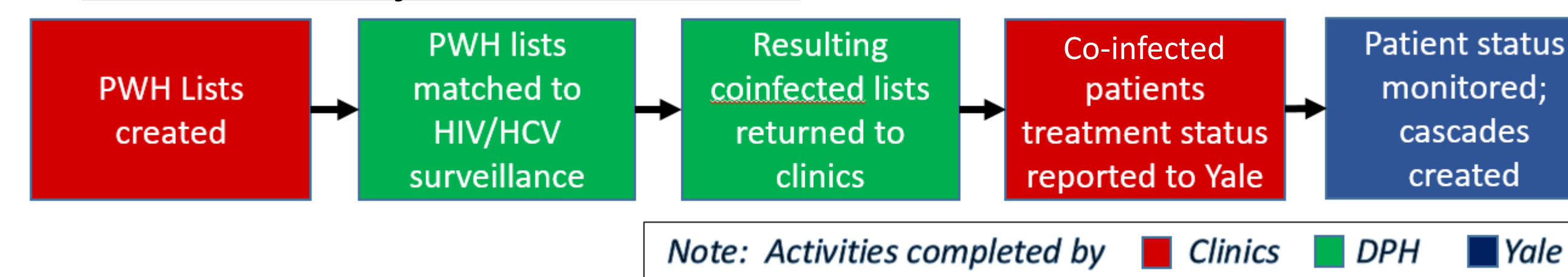
Background

- Creation of Hepatitis C (HCV) care cascades for HIV/HCV co-infection is hampered by:
 - Incomplete HCV surveillance data
 - Lack of standardized matching algorithms
 - Inaccurate determinations of HCV care status
- Can use surveillance and client level clinic data (Data to Care) to assess progress toward HCV micro-elimination, characterize gaps, and confirm correlations of outcome

Methods

- Eligibility: All patients receiving HIV care in 11 Connecticut clinics
- Timeframe: January 2009 – September 2018
- Data Sources: Clinic PWH rosters (e.g. CAREWare, clinic EMRs), HIV surveillance database (eHARS), HCV surveillance database (CTEDSS),
- Active / ongoing outcome updates from clinic medical staff to June 2020
- Project Data Flow Path (FIGURE A, Below):

FIGURE A: Project Data Flow Path

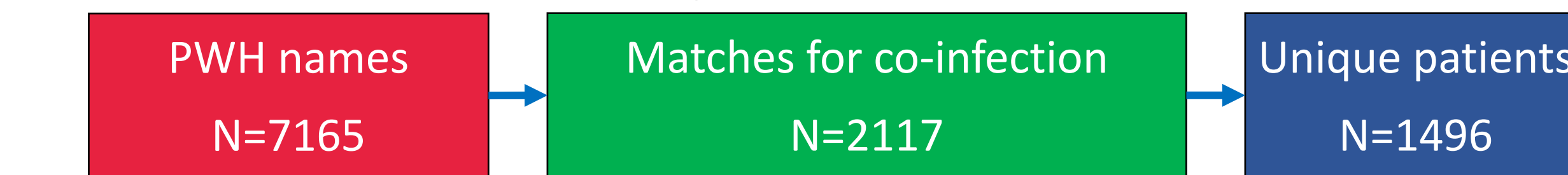


- Characteristics of the HCV Treatment Status categories were compared via SPSS to identify significant correlates

Results

- 1496 unique co-infected patients were identified (FIGURE B, Below)

FIGURE B: Patient Matching Process

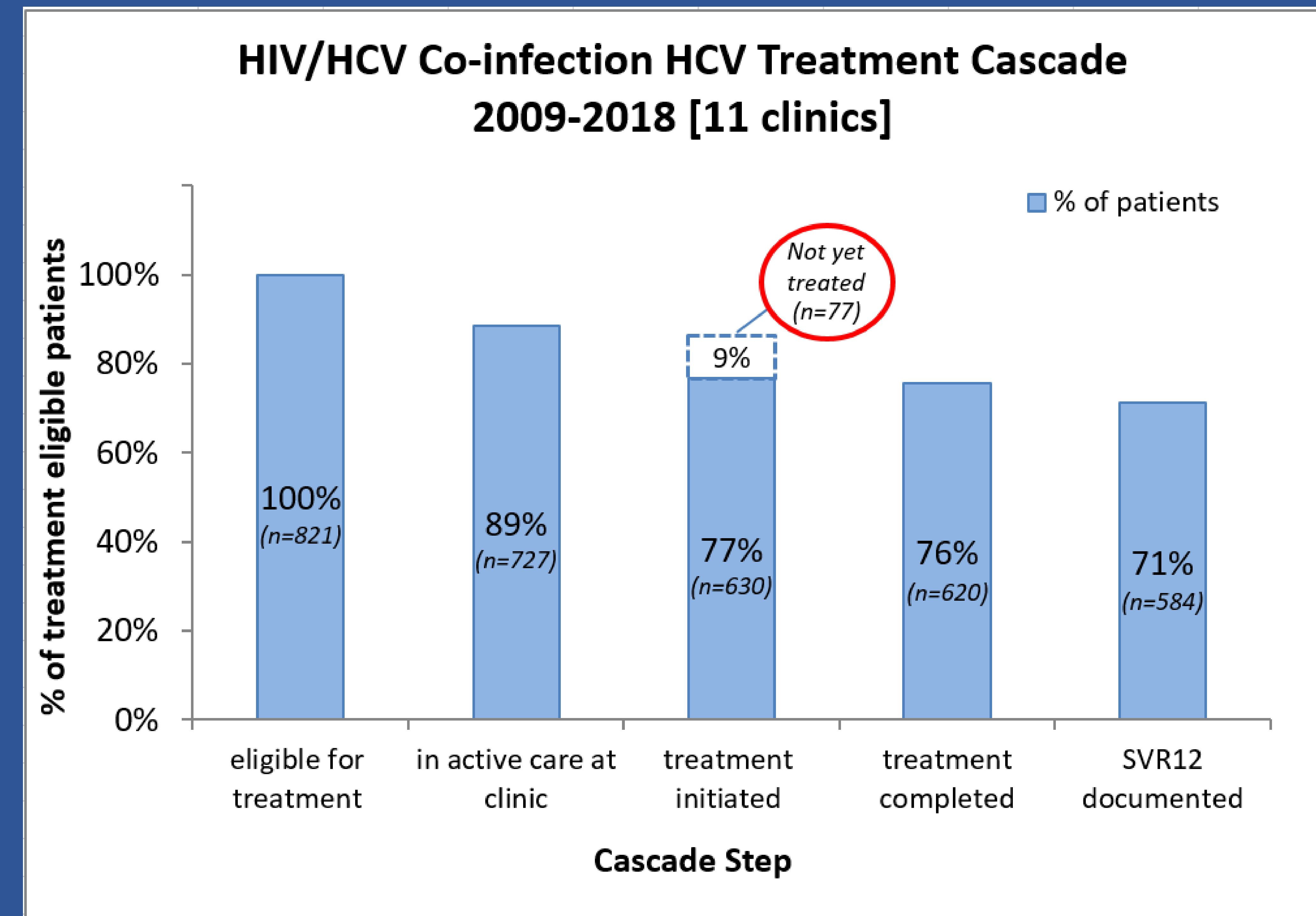


- Demographics of co-infected patients: Male (68%); Baby Boomers (median age 61); Black (34%), history of IDU (79%) (TABLE 1, Right)
- Care outcomes: June 2020 (FIGURE C, Right):
 - 309 (21% of unique patients) were Deceased
 - 821 (55% of overall) were Treatment Eligible (TE)
- Care Cascade Information: June 2020 (CENTER FIGURE):
 - 630 (77% of TE) had Initiated Treatment
 - 584 (71% of TE) had SVR12 documented
 - 77 (9% of TE) had Not Yet Initiated treatment
 - Excluded from this group:
 - 12 (2% of TE) with no treatment planned due to other concerns
 - 8 (1% of TE) who were re-infected and awaiting re-treatment
- Predictors of patients not initiating treatment vs. initiating treatment (TABLE 2, Right) included:
 - Unsuppressed HIV viral loads (OR 2.5, 95% CI 1.5-4.0)
 - Women (OR 1.7 95% CI 1.1-2.8)
 - Black (OR 1.9 95% CI 1.1-3.1)

Conclusions

- Data to Care methods can be used to create clinic specific HIV/HCV care cascades
- Patients who did not initiate treatment were more likely to be **women, black, with poorly controlled HIV**
- Further efforts are needed to determine the barriers to treatment initiation among these groups.

Based on surveillance and clinical data, patients not initiating treatment were more likely to be **Women, Black, and have unsuppressed HIV.**



Additional Tables and Figures

TABLE 1: HIV/HCV Patient Demographics

Variable	Category	n	(%)
Gender	Male	1011	(67.6)
	Female	477	(31.9)
	Transgender	<10	(<0.6)
Race and Ethnicity	White	361	(24.1)
	Black	508	(34.0)
	Hispanic	427	(28.5)
	Other / Unknown	200	(13.4)
HIV Transmission Route	IDU	1114	(74.5)
	IDU and MSM	63	(4.2)
	MSM	108	(7.2)
	Other / Unknown	211	(14.1)
Age (years)	Median	61	
	IQR	55-65	
	Range	24-89	

FIGURE C: HIV/HCV Co-infection Outcomes

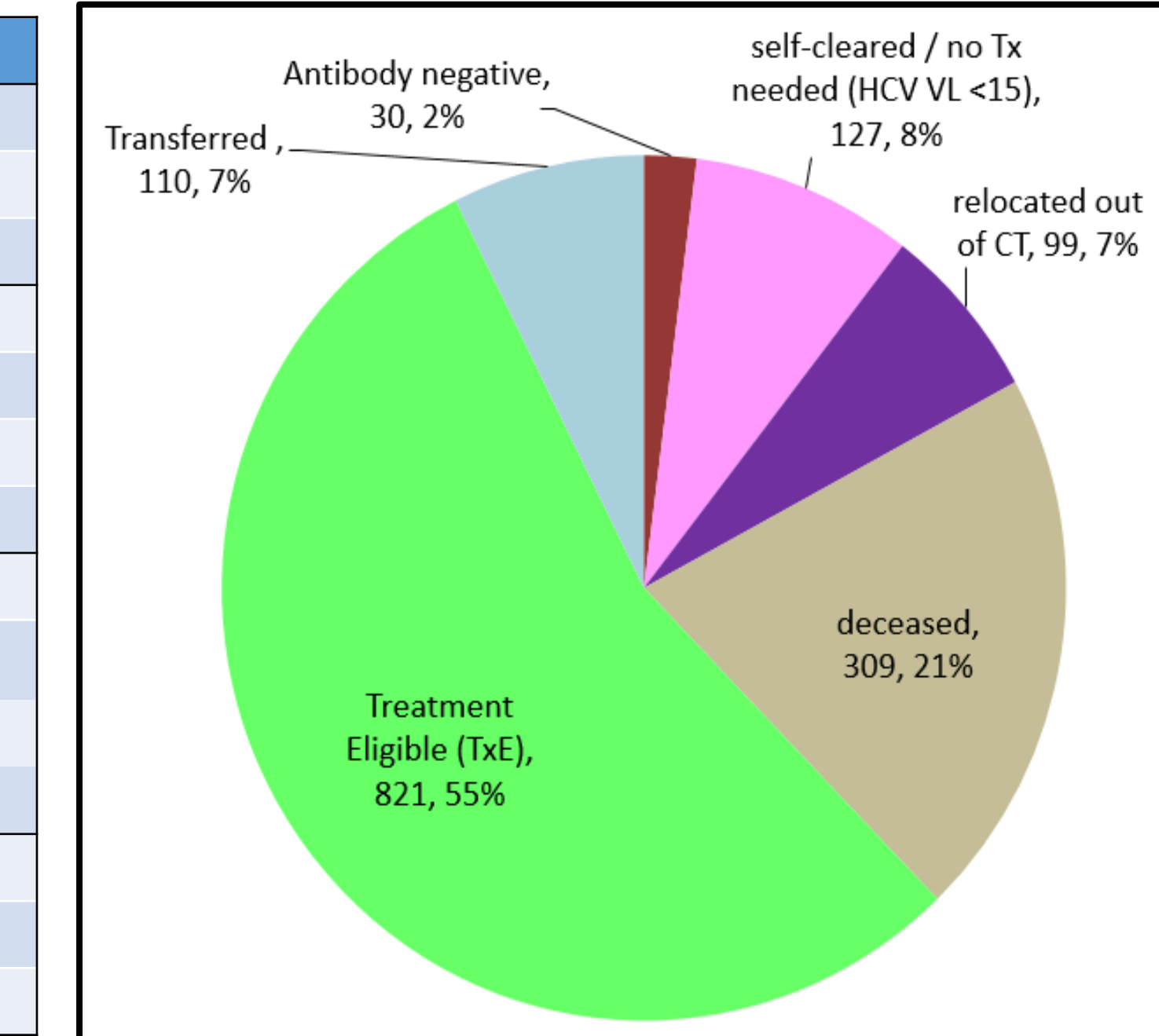


TABLE 2: Predictors of HCV Treatment Initiation in Co-infected Patients

Characteristic	Category	Initiated treatment (SVR12 & in treatment / SVR12 pending)	Not yet initiated treatment	p-value
Median Age (IQR)		44 (38-49)	43 (38-50)	0.955
Age	≤50yo	76.6%	72.7%	0.452
	>50yo	23.4%	27.3%	
Birth Gender	Male	70.6%	58.4%	0.029 (OR 1.71, 95% CI 1.05-2.77)
	Female	29.4%	41.6%	
Race	Asian	0.5%	0.0%	0.12
	Black	35.6%	46.8%	
	Hispanic	28.4%	23.4%	
	White	22.9%	13.0%	
	Other	12.7%	16.9%	
Minorities	White	25.9%	15.4%	0.064
	Minority (Asian, Hispanic, Black)	74.1%	84.6%	
Hispanic Race	All others	67.9%	72.3%	0.466
	Hispanic	32.1%	27.7%	
Black Race	All others	59.8%	44.6%	0.019 (OR 1.85, 95% CI 1.1-3.096)
	Black	40.2%	55.4%	
MSM	Not MSM	87.9%	94.8%	0.046 (OR 0.399, 95% CI 0.142-1.1)
	MSM	12.1%	5.2%	
IDU	No IDU	21.1%	14.3%	0.160
	IDU	78.9%	85.7%	
VL suppression (<20)*	Suppressed	72.7%	51.9%	<0.001 (OR 2.46, 95% CI 1.52-3.98)
	Not suppressed	27.3%	48.1%	

*For last VL below at time of detection at time of test

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