

# Screening and Treatment for Hepatitis C in HIV Co-Infected Patients in Primary Care

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# Background

- Hepatitis C Virus (HCV) most common etiology of liver disease in the United States
- HCV is principal source of non-AIDS related mortality in HIV-positive individuals
  - Importance of screening HIV-positive individuals
  - Offer HCV treatment at HIV care sites vs transferring to hepatology

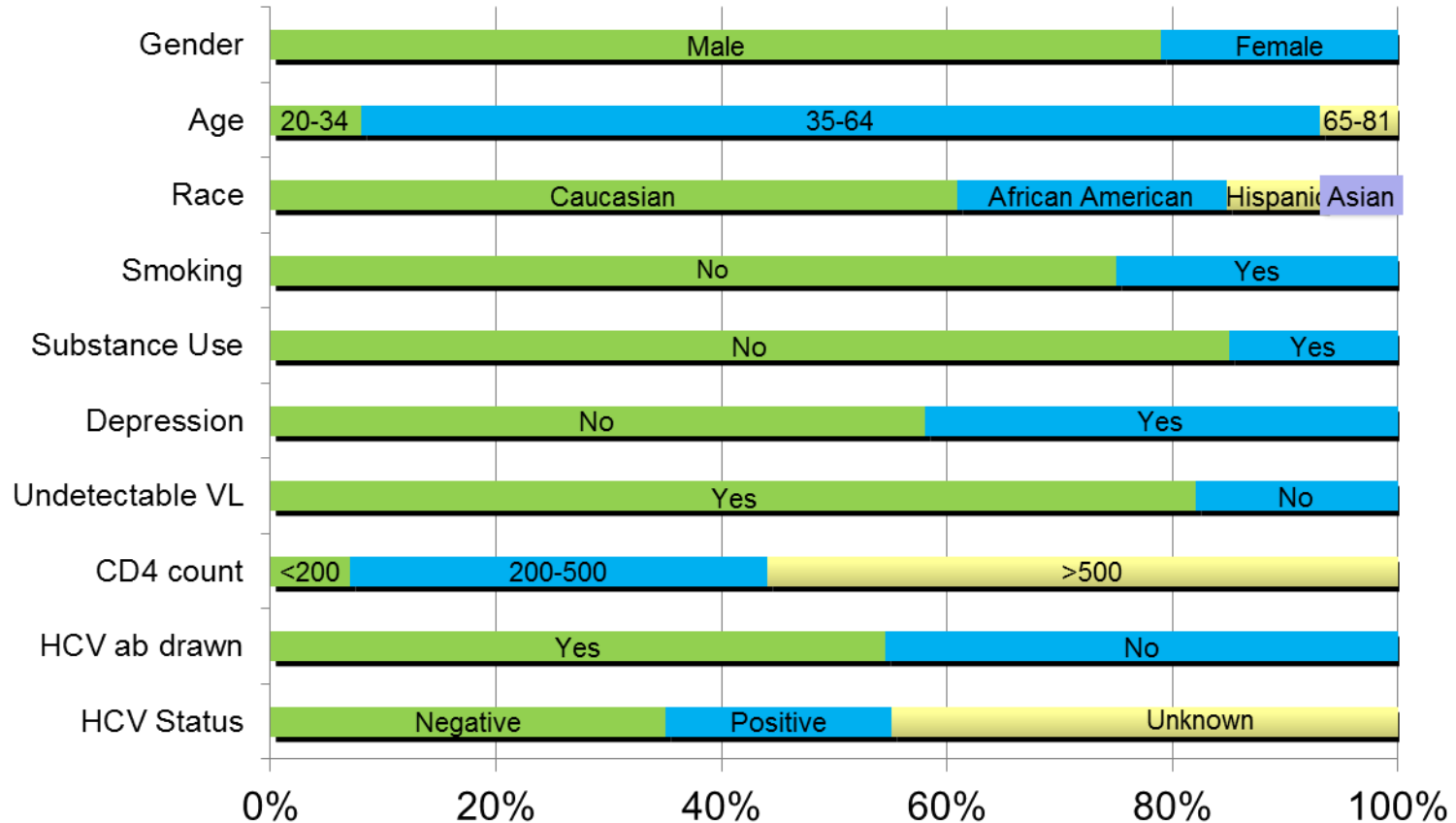
# Study Aims

1. Determine proportion of patients screened for HCV antibody
2. Identify demographic and clinical difference between patients who were screened for HCV (HCV antibody test) and those who were not
3. Compare demographic and clinical characteristic differences between HCV-positive and HCV-negative patients

# Method and Measures

- Chart review of all clinic patients (n=800) from July 2014 to December 2014 for period between 2013 and 2014
  - Demographics
    - Age, gender, race
  - Clinical
    - CD4 count, HIV viral load, cardiovascular disease, diabetes, renal disease, depression, anxiety, smoking, and substance use

# Demographics



# Results

Demographics	HCV drawn (n=438)	HCV not drawn (n=362)	p-value
Smoking	131 (65.8%)	68 (34.2%)	< 0.0001
Substance Abuse	85 (72.0%)	33 (28.0%)	< 0.0001
Undetectable HIV VL	343 (52.1%)	315 (47.9%)	0.002

Demographics	HCV negative (n=280)	HCV positive (n=159)	p-value
Gender			0.003
Female	51 (51.0%)	49 (49.0%)	
Male	229 (67.6%)	110 (32.4%)	
Age (mean, SD)	49.79(±11.016)	53.39 (±8.077)	<0.0001
Race			< 0.0001
African American	60 (52.6%)	54 (47.4%)	Caucasian-Hispanics
Asian	17 (73.9%)	6 (26.1%)	African American-
Caucasian	153 (63.5%)	88 (36.5%)	Hispanics
Hispanic	29 (96.7%)	1 (3.3%)	
Other	21 (67.7%)	10 (32.3%)	
Smoking	63 (48.1%)	68 (51.9%)	<0.0001
Substance Abuse	43 (50.6%)	42 (49.4%)	0.006
CD4 (mean, SD)	581.76 (±311.124)	503.67 (±261.823)	0.008

# Limitations

- Convenience sample
- Gender: female/male categories only
- Cross-sectional → no causality

# Implications/Considerations

- Improve screening for Hepatitis with antibody
- Consider patients who do not smoke or abuse substances may have insufficient HCV ab screening tests



# Conclusions

- 45.25% of HCV antibody test were not drawn within the last 24 months
- Patients who reported current smoking and substance abuse were more likely to have an HCV antibody test drawn
- Patients with a detectable HIV VL were more likely to have an HCV antibody drawn
- Patients who were HCV+ were more likely to be female, non-Hispanic, older, smoke, and use substances, have a higher CD4 count

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