Hepatitis C Care among HIV Infected Patients in a Community Based Clinic

Brittany Grier, MS, PA-C1,2, Shruti Mehta, PhD, MPH3, Kathleen Page, MD1,2, C. Patrick Chaulk, MD, MPH1, Wynona China, MBA1 and Oluwaseun Falade-Nwulia, MD, MPH1,2

1Baltimore City Health Department, Baltimore, MD, 2Johns Hopkins University School of Medicine, Baltimore, MD, 3Johns Hopkins University School of Public Health, Baltimore, MD

Background

- HIV/HCV co-infected patients are at high risk of accelerated liver disease
- Limited data exists on hepatitis C treatment in community-based HIV care programs
- This study examines HCV evaluation and treatment rates in HIV/HCV co-infected patients enrolled in HIV care at the Ryan White funded Baltimore City Health Department (BCHD) Early Intervention Initiative (EII) program

Methods

- Retrospective chart review of the electronic medical and paper records of HIV/HCV co-infected adults enrolled in care in the BCHD EII program between 2002 and 2012, with follow-up through March 2014.
- HIV/HCV co-infected patients were included in the active cohort if they had at least 2 visits greater than 6 months apart in 1 year.

Results

HCV testing, Hepatitis clinic evaluation, and treatment in the co-infected cohort (n=102)

<table>
<thead>
<tr>
<th>HCV Ab+ RNA performed</th>
<th>Referred to hepatitis clinic</th>
<th>Attended appointment</th>
<th>HCV treated</th>
<th>SVR achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>77</td>
<td>56</td>
<td>37</td>
<td>8</td>
</tr>
</tbody>
</table>

Discussion

- High prevalence of significant HCV-related liver disease among HIV/HCV co-infected patients in this community-based HIV clinic
- Low follow-up on referrals to specialty hepatitis clinic
- Conversely, a high number of patients received other interventions that reduce the risk of liver disease
- Over half of co-infected patients achieved HIV viral load suppression on HAART therapy
- In the era of oral anti-HCV treatments, where a key predictor of treatment success will be treatment adherence, practitioners should provide HCV treatment in local HIV clinics