

# EVALUATION OF THE IMPACT OF HIV DIAGNOSIS ON THE HEPATITIS C VIRUS CARE CASCADE AND RISK BEHAVIORS AMONG PERSONS RECEIVING MEDICATION TREATMENT FOR OPIOID USE DISORDER

## Authors:

Springer S<sup>1</sup>, Lier A<sup>2</sup>, Vander Wyk B<sup>3</sup>

<sup>1</sup>Department of Internal Medicine, Section of Infectious Diseases, AIDS Program, Yale School of Medicine, New Haven, CT, USA; <sup>2</sup> Division of Infectious Diseases, Department of Medicine, Stony Brook University School of Medicine, Stony Brook, NY, USA, <sup>3</sup>Department of Internal Medicine, Section of Geriatrics, Yale School of Medicine, New Haven, CT, USA,

## Background:

Persons who inject drugs (PWID) are at increased risk for acquiring Hepatitis C Virus (HCV). Medications for opioid use disorder (MOUD) are associated with reduced injection drug use (IDU) and sex risk behavior (SRB) among persons with opioid use disorder (OUD). However, whether HCV treatment uptake or changes in risk behavior differ by HIV serostatus among persons receiving MOUD is incompletely understood.

## Methods:

A secondary analysis was performed from two prospective cohort studies of persons living with (PLH) and without HIV with DSM-5 diagnosed OUD who were initiated on methadone, buprenorphine, or naltrexone. Self-reported intravenous (IV) heroin use, stimulant use, SRB, HIV and HCV status and uptake and completion of HCV treatment was obtained at baseline and 90 days after initiation of MOUD. Data was compared by HIV status.

## Results:

Of 129 participants, 78 (60.5%) were HCV antibody positive. PLH had increased HCV viral load testing (80.0% vs. 42.1%,  $p = 0.0006$ ) and initiation on direct acting antiviral treatment (66.67% vs. 20.0%,  $p = 0.022$ ), but had lower baseline mean proportion of reported IV opioid use (21.0 vs 11.2 days out of 30,  $p < 0.001$ ) and a lesser reduction in IV opioid use at 90 days (2.0 vs 10.7 fewer days out of 30,  $p < 0.001$ ). SRB or stimulant use did not differ between groups.

## Conclusion:

PLH who received MOUD had improved HCV diagnosis and treatment uptake. MOUD reduced opioid IDU more profoundly among those without HIV. Improved integration of concomitant OUD with HCV and HIV treatment is needed.

## Disclosure of Interest Statement:

None