

PERSISTENT INEQUITIES IN HCV OUTCOMES FOR PEOPLE WITH HIV WHO INJECT DRUGS ENGAGED IN HIV CARE

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Background: Due to shared modes of transmission, the prevalence of hepatitis C virus (HCV) infection is high among people with HIV (PWH). Availability of oral direct acting antivirals (DAA) starting in 2014 may be associated with reductions in HCV viremia prevalence.

Methods: We analyzed data from a cohort of PWH receiving both HIV and HCV care in an urban HIV clinic between 2009 to 2021. HCV viremia was assessed based on laboratory test results from routine clinical care validated by HCV RNA testing of stored samples. We compared HCV viremia in 2009 to 2021 and factors associated with HCV viremia in the pre-DAA era (2009) and DAA era (2021).

Results: Among 3755 PWH, estimated HCV viremia prevalence decreased by 97%, from 36% [95% Confidence Interval: 27%–45%] in 2009 to 1% [0%–3%] in 2021. Comparing pre-DAA to DAA era, factors associated with HCV viremia in 2009 but not in 2021 were: (a) male sex (OR 2.31 in 2009 [1.00–5.31] to 0.71 in 2021 [0.37–1.35], p for homogeneity=0.02); (b) Black race (OR 2.50 in 2009 [1.28–4.90] to 0.94 in 2021 [0.42–2.13], $p=0.08$); (c) Older age in 5 year increments (OR 1.28 in 2009 [1.11–1.49] to 0.94 in 2021 [0.88–1.26], $p=0.08$). Injection drug use remained strongly associated with HCV viremia (OR 17.1 in 2009 [6.83–42.9] to 23.9 in 2021 [9.63–59.3], $p=0.60$) as did hazardous alcohol use (OR 2.47 in 2009 [1.06–5.78] to 1.7 in 2021 [0.73–4.27], $p=0.60$).

Conclusion: Oral DAA availability is associated with advancing HCV elimination in a cohort of PWH receiving integrated HIV and HCV care. However, HCV elimination in PWH who inject drugs requires targeted interventions to reduce harm, treat opioid use disorder, and deliver curative therapy.

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