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Progress and Real-Life Challenges for HCV Elimination in People Living with HIV

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BACKGROUND

Multiple barriers limit access to direct-acting antivirals (DAA) among people living with HIV (PLWH) in care across many states in the U.S.A. The state of California has provided unrestricted access to DAA since January 2018 for PLWH. We aim to assess the impact of the hepatitis C virus (HCV) treatment uptake among PLWH on HCV population viremia and identify health-system areas for improvement to achieve HCV micro-elimination.

METHODS

- Retrospective cohort of PLWH with active HCV infection (detectable HCV viral load) under care at UC San Diego between 2014 and 2019. The cohort was divided in two groups: the early DAA era (2014-2017) and unrestricted DAA era (2018-2019) groups.
- We compared the proportions of patients achieving health system landmarks of HCV treatment referral, HCV linkage to care, retained/prescribed, initiated DAAs therapy, and HCV cure between the two groups.

Study definitions

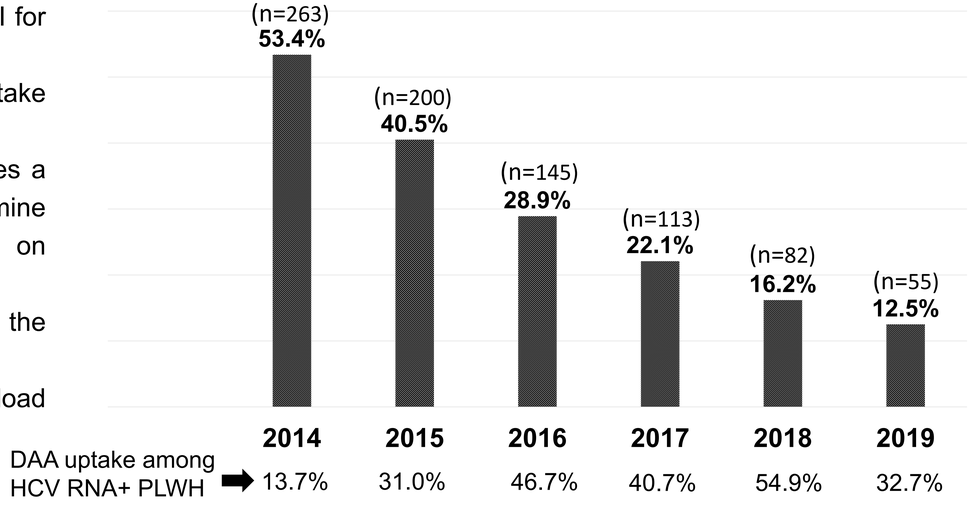
- *Referral*: HIV provider places electronic referral for the patient to be treated with DAA.
- *Linkage to HCV care*: The patient attends an intake HCV Clinic appointment.
- *Retained/prescribed DAA*: The patient completes a standard of care HCV clinical staging to determine the best DAA regimen prescription based on individuals' needs.
- *DAA initiation*: The patient receives DAA from the chosen pharmacy to start HCV treatment.
- *HCV cure*: Having an undetectable HCV viral load 12 weeks after finishing DAA treatment.

Despite unrestricted access to DAA therapy, only ***one in two*** PLWH referred for HCV treatment ***is linked to HCV care***, and ***one in four*** of those linked to HCV care **do not *start*** the prescribed DAA therapy .

RESULTS

- In January 2014, of 3,111 PLWH in care, 493 (15.9%) had HCV Ab positive, and 263 (53.4%) of them had active HCV viremia.
- Between 2014 and 2019, a total of 1,995 new patients entered into HIV care of whom 1,809 were screened for HCV infection (90.68%).
- The proportion of PLWH with detectable HCV RNA relative to the number of PLWH with a HCV antibody positive enrolled in care is shown below

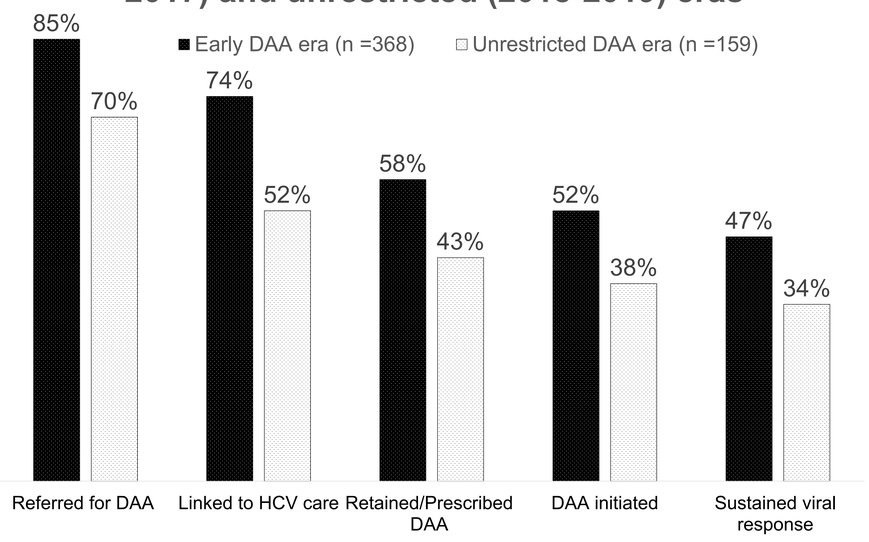
HCV population viremia and proportion of DAA uptake



RESULTS Cont'd

- During 2014-2017, among all PLWH linked to HCV care, the main reason for not initiating DAA was lack of insurance approval.
- The proportion of PLWH with active HCV viremia engaged in their HIV care decreased from 95% in 2014 to 63% after one year of unrestricted DAA access.
- During the DAA unrestricted era, PLWH linked to HCV care did not start DAA treatment due to failure to pick up approved DAA or lost to follow-up.
- The figure below depicts the proportion in health system landmarks relative to the 100% of PLWH with detectable HCV viral load during each treatment era

DAA uptake cascade of care in the restricted (2014-2017) and unrestricted (2018-2019) eras



CONCLUSIONS

- HCV linkage and HCV retention in care have emerged as main challenges among PLWH for HCV treatment uptake.
- As many of the remaining PLWH in need of DAA are not fully engaged in HIV care, DAA treatment outside conventional health system is needed to achieve HCV micro-elimination

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