

1588. Prevalence of and Factors Associated with Hepatitis C Virus Testing and Infection Among HIV-infected Adults Receiving Medical Care in the United States

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Background. Hepatitis C Virus (HCV) infection causes substantial morbidity and mortality among HIV-infected persons. Representative prevalence estimates of HCV infection can help inform treatment efforts in the dawning era of highly effective anti-HCV therapy.

Methods. We used 2009 data from the Medical Monitoring Project, a nationally representative sample of U.S. HIV-infected adults in care, to determine prevalence of HCV testing and infection. We defined HCV testing as documentation of an HCV antibody or RNA test and HCV infection as a positive result. We used bivariate analyses and multivariate logistic regression to examine factors associated with HCV testing and infection.

Results. We estimated that 342,952 HIV-infected adults or 81% (95% confidence intervals [CIs]: 304,474–381,430; 79%–84%) were ever tested for HCV. Factors associated independently (p <0.01) with testing included black race, recent HIV diagnosis,

and history of AIDS. Among those tested, 21% (95% CI: 18–24%) were infected with HCV. Prevalence varied significantly by age (≥ 44 vs < 44 years: 27 vs 10%), men who have sex with women only (MSW) vs men who have sex with men (MSM) (33 vs 14%), public vs private insurance (28 vs 11%), income at or below poverty level vs not (28 vs 16%), homeless vs not (34 vs 20%), recent injection drug use (IDU) vs not (62 vs 20%), duration of HIV infection (≥ 10 vs <10 years: 27 vs 14%), and history of AIDS vs no AIDS (23 vs 17%). Factors associated independently with HCV infection included recent IDU (adjusted prevalence ratio [APR] 3.2; 95% CI 2.6–3.9), age >44 years (APR 2.2; 95% CI 1.7–2.7), MSW (APR 1.9; 95% CI 1.6–2.3), public insurance (APR 1.6; 95% CI 1.3–2.1), HIV diagnosed ≥ 10 years (APR 1.5; 95% CI 1.3–1.8), homelessness (APR 1.4; 95% CI 1.1–1.7), and income at or below poverty level (APR 1.3; 95% CI 1.1–1.5).

Conclusion. Current U.S. guidelines endorse baseline HCV screening for all HIV-infected persons and routine screening for those with IDU; however, almost 1 in 5 U.S. HIV-infected adults in care have never been tested. HCV infection prevalence varied among sub-groups. All HIV-infected adults, especially those in high-risk groups, should be tested for HCV to increase the number of persons aware of their HCV infection and eligible for potentially curative treatment.

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