Major Disparities Seen in Hep C Treatment Uptake Among Canadians With HIV

HIV/HCV-positive women and indigenous people are much less likely to receive treatment for hep C.

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There are major demographic disparities in the uptake of contemporary hepatitis C virus (HCV) treatments among Canadians with HIV and HCV.

Researchers conducted an analysis of 1,635 members who as of the end of 2015 had enrolled in the Canadian Co-Infection Cohort Study, which prospectively follows HIV/HCV-positive people receiving care at 19 centers throughout the country. The cohort members represent approximately a quarter of the total Canadian coinfection population in care.

The study examined the rates of those who achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure) through September 30, 2016.

Findings were presented at the 2017 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle.

The median age of the cohort members was 45. Eighty-one percent had a history of injection drug use, 28 percent were women, 21 percent were indigenous people and 23 percent were men who have sex with men (MSM).

Between 2007 and 2013, the rate of HCV treatment initiation remained stable. With the introduction of second-generation direct-acting antiviral (DAA) treatments for hep C in 2013, initiation rates rose more than threefold between 2013 and 2015, from seven to 25 per cumulative 100 years of life.

All told, of the 812 cohort members eligible to initiate treatment as of November 2013, 195 (24 percent) were treated with second-generation DAAs. A total of 181 (92.8 percent) of those individuals received interferon-free treatment. A total of 127 of those treated received Harvoni (ledipasvir/sofosbuvir); 28 received Sovaldi (sofosbuvir) and ribavirin; 18 received Sovaldi and Olysio (simeprevir) with or without ribavirin; 13 received Sovaldi, interferon and ribavirin; six

received Technivie (ombitasvir, paritaprevir and ritonavir) and ribavirin; three received Sovaldi and Daklinza (daclatasvir); and one received Olysio, interferon and ribavirin.

The overall rate of those who achieved SVR12 was 91 percent.

A total of 235 indigenous people were eligible for HCV treatment, of whom 19 started treatment with a second-generation DAA (8.1 percent initiation rate) and 17 were cured (89.5 percent cure rate). Of a total 247 women, 37 started treatment (15 percent initiation rate) and 37 were cured (100 percent cure rate). Of a total 283 active injection drug users, 37 started treatment (13.1 percent initiation rate) and 29 were cured (78.4 percent cure rate). And of a total 183 MSM, 81 started treatment (44.3 percent initiation rate) and 67 were cured (82.7 percent cure rate).

After adjusting the data for age, sex, aboriginal status, injection drug use within the previous six months, MSM, alcohol use, advanced fibrosis, HCV genotype, undetectable HIV viral load status, Canadian province and income, the researchers found that the following factors were associated with the accompanying degrees of reduction or increase in the likelihood of HCV treatment initiation: being indigenous, 49 percent reduction; being an active IDU, 42 percent reduction; having an income below $18,000 per year, 52 percent reduction; having genotype 3, compared with having genotype 1, 40 percent reduction; being an MSM, 1.75-fold increase; having an undetectable HIV viral load, 1.76-fold increase; and having significant liver fibrosis, 2.77-fold increase.

According to the study authors, “Low rates of treatment are not justified given the high SVR rates that were achieved in these groups. To meet the [World Health Organization’s] goal of HCV elimination by 2030, targeted programs need to be developed and scaled up to address unique patient-level barriers and reduce stigma against treating these key populations.”

To read the conference abstract, click here.
