HCV Testing, Diagnosis Being Overlooked in People With HIV

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Although hepatitis C virus (HCV) is a common and serious coinfection among people living with HIV, it often goes undiagnosed, even in a major U.S. city with multiple HIV care providers and a clinic dedicated to caring for people with both infections. This is the finding of a Miami cohort study reported Tuesday, March 6, at the 19th Conference on Retroviruses and Opportunistic Infections in Seattle.

Conducted by Khaled Deeb, MD, of the University of Miami's Miller School of Medicine and his colleagues, the analysis presented in Seattle involved a medical chart review of 14,900 people living with HIV, who were in care for more than a year during the period between 2000 and 2011.

Though HCV antibody testing is widely recommended for all people living with HIV, only 49 percent of the Miami cohort had been tested. Of this group, 19 percent were HCV-antibody positive, indicating past—but not necessarily current—HCV infection.

Forty percent of those found to be HCV-antibody positive did not have confirmatory testing, notably an HCV viral load test to look for active infection. Of the 1,074 HCV antibody-positive individuals who did receive confirmatory testing, HCV viral loads were detectable in 705 (70 percent).

Only 68 percent of those found to have active infection underwent HCV genotype testing—an important pre-treatment determination. Of those who were tested, 84 percent were living with genotype 1a HCV infection; only 11 percent carried non-1 HCV genotypes.

A majority of those living with HIV and hepatitis C were male (69 percent) and were over 50 years of age. With respect to race/ethnicity, 60 percent of people living with HIV and HCV were non-Hispanic blacks; 29 percent were Hispanic and 11 percent were white.

The authors recognized that recent improvements in HCV treatment have sparked a higher level of interest among providers and their patients. Nonetheless, Deeb noted, "only about half of the total HIV population was tested for HCV." What's more, he reported, "Only half of those coinfected were referred to the hepatitis C coinfection clinic."

Deeb concluded: "There is a great need to educate providers on HCV treatment and improve care

to this most vulnerable inner city population. Referring the patients to a dedicated HCV/HIV coinfection clinic may lead to better patient care and treatment outcomes.”

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