



Findings from the HRSA SPNS Women of Color Initiative: Women of Color Co-Infected with HIV and HCV

Betsy Eastwood, PhD¹, Sean J. Haley PhD, MPH¹

Jeffrey M. Birnbaum, MD, MPH²

¹CUNY School of Public Health & Health Policy

²SUNY Downstate Medical Center/HEAT Program

Acknowledgements

- ▶ This study was supported by HHS, HRSA/SPNS H97A15155
- ▶ Jessica Xavier, MPH, Project Officer at HRSA, HAB
- ▶ Arthur E. Blank, PhD, Evaluation and Technical Assistance Center, Albert Einstein College of Medicine
- ▶ Jennifer E. Lee, MPH, Project Director for POWER at SUNY/HEAT

In this presentation we will discuss

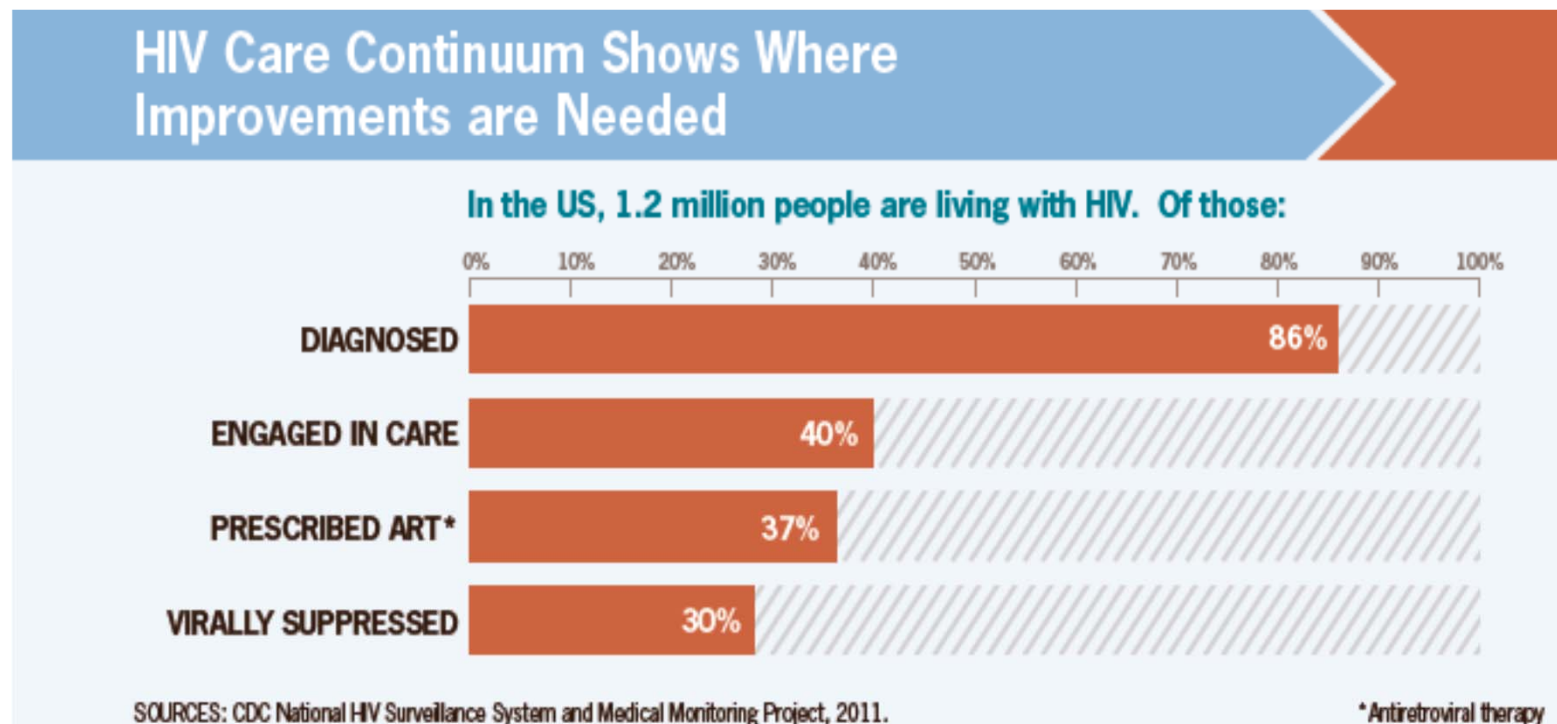
- ▶ HIV and HCV prevalence
- ▶ Co-occurrence of HIV and HCV
- ▶ Special challenges of treating HCV
- ▶ Results from the WOMEN of Color Study of which POWER was a part
- ▶ Make recommendations for interventions and treatment

HIV in the United States: The Stages of Care

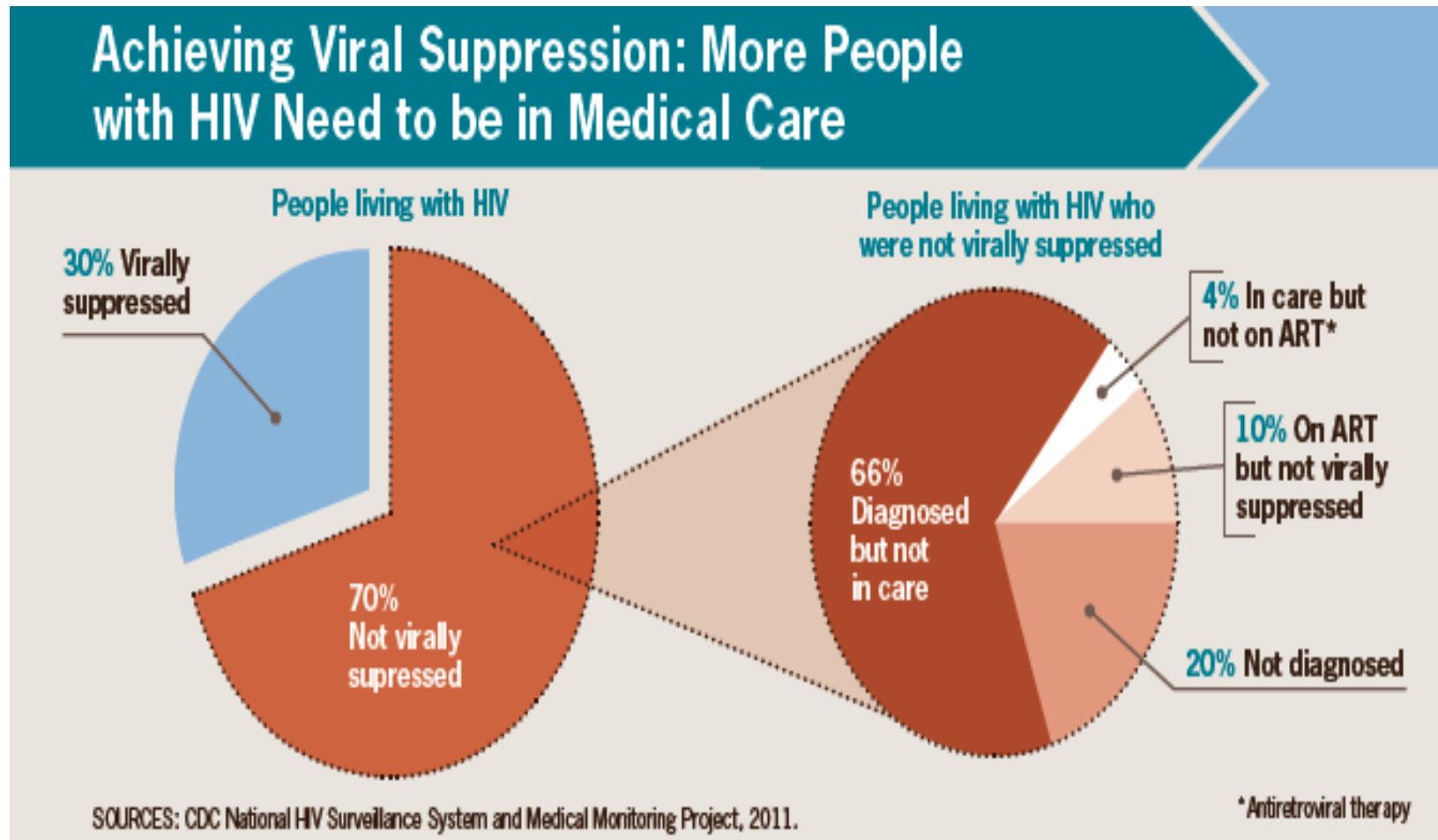


HIV Care Continuum: National Perspective

- ▶ 1.2 million Americans living with HIV
- ▶ 4 in 10 were in HIV medical care
- ▶ 3 in 10 have their virus under control (VLS)



More People in Care = Achieving VLS



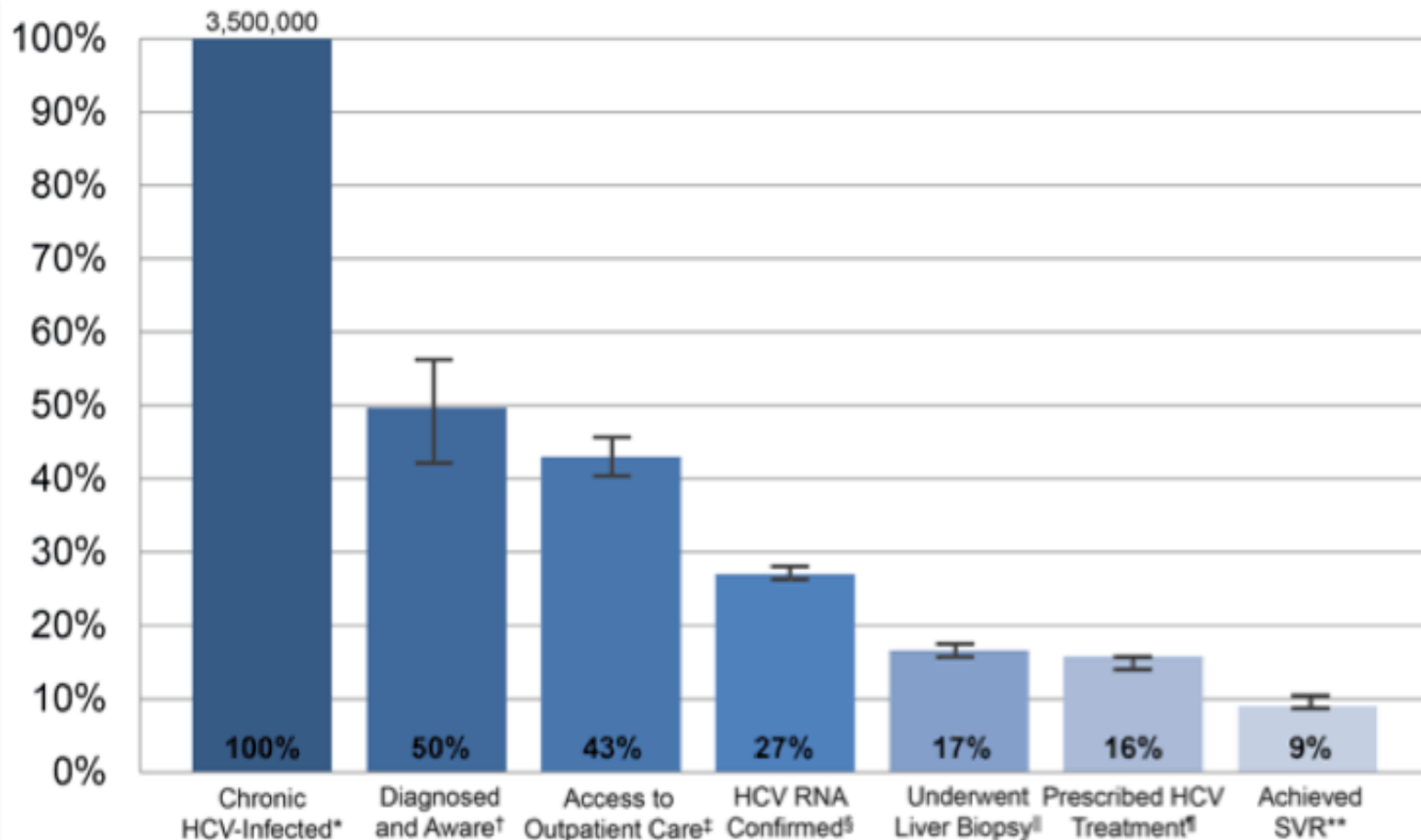
Between 2.7-3.9 Million People Living with HCV in USA

- ▶ HCV attacks the liver
- ▶ May lie dormant for 10-30 years
- ▶ People infected with HCV may not know they have HCV
- ▶ Up to 20% spontaneously clear the virus
- ▶ HCV is associated with substance use and therefore denial/stigma
- ▶ Pre-existing HIV infection appears to:
 - ▶ increase the risk of HCV infection
 - ▶ intensify HCV symptomatology,
 - ▶ HCV disease progression.
- ▶ More people die of HCV (N~19,000) than HIV (N~16,000) each year
- ▶ Women comprise 19% new diagnoses of hepatitis C in US (8,328 in 2014)

2012 CDC recommendations

- Adults born between 1945 -1965 should be tested once (without prior ascertainment of HCV risk factors)
- HCV testing is recommended for those who:
 - ✓ Currently injecting drugs
 - ✓ Ever injected drugs (once or a few times many years ago)
 - ✓ Have certain medical conditions
- NY State law requires that medical providers ask patients who fall into CDC risk categories (above) if they would be screened

Figure 2. Treatment Cascade for People with Chronic Hepatitis C Virus (HCV) Infection, Prevalence Estimates with 95% Confidence Intervals.



* Chronic HCV-Infected; N=3,500,000.

† Calculated as estimated number chronic HCV-infected (3,500,000) x estimated percentage diagnosed and aware of their infection (49.8%); n=1,743,000.

‡ Calculated as estimated number diagnosed and aware (1,743,000) x estimated percentage with access to outpatient care (86.9%); n=1,514,667.

§ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage HCV RNA confirmed (62.9%); n=952,726.

|| Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage who underwent liver biopsy (38.4%); n=581,632.

¶ Calculated as estimated number with access to outpatient care (1,514,667) x estimated percentage prescribed HCV treatment (36.7%); n=555,883.


** Calculated as estimated number prescribed HCV treatment (555,883) x estimated percentage who achieved SVR (58.8%); n=326,859.

Note: Only non-VA studies are included in the above HCV treatment cascade.

System Challenges

- ▶ Highest rates HCV of infection occur:
 - ▶ Among those with less than a high school education
 - ▶ Poorest patients were the least likely to be screened
 - ▶ 40% of people of color who identified an HCV related risk factor were not tested for HCV
 - ▶ Non-Hispanic Black and Asian women were significantly less likely to be tested than their male counterparts

HCV Treatment

- ▶ Recommended for all patients with chronic HCV infection (with some exceptions)
- ▶ New meds-1 pill 1x day  cure 8-12 weeks
- ▶ Medication is expensive

Until very recently, ambivalence about HCV treatment

- ▶ Differences from HIV treatment
- ▶ Viral clearance -HCV spontaneously clears in 20% of women – why get treated?
- ▶ Latency- HCV may remain dormant for 10-30 years
- ▶ Legacy effects-
 - ▶ Old treatment = ugly side effects – (Interferon and pegylated interferon)
 - ▶ Treatment lasted 6-9 months
 - ▶ Side effects of treatment were often worse than disease symptoms

Over 35% of those with chronic HCV infection are women

- ▶ 19% of new diagnoses are women but double that percentage have chronic medical disease
- ▶ Among people who are long term injection drug users, 90% are estimated to be infected with HCV

Transmission of HCV and HIV compared

- ▶ HCV less sensitive to light, temperature changes than HIV....
- ▶ HCV can hang out on objects
- ▶ If introduced to blood, or mucous membranes (nasal inhalation)
- ▶ Blood and works transmission (cotton balls, spoons as host, etc)...
- ▶ Sexual transmission rare*
- ▶ *Although uptake in some MSM associated with polydrug use and unprotected sex
- ▶ Persons already infected with HIV more susceptible to HCV infection....

HIV Viral Load Suppression

- ▶ Viral suppression is key for people living with HIV
- ▶ Consistently taking HIV meds:
 - ▶ VL suppression
 - ▶ Allows people to live normal lifespans
 - ▶ Greatly reduces their chances of transmitting the virus
 - ▶ Although progress has been made, only 30% of all people living with HIV have achieved VL suppression
- ▶ When people receive consistent HIV medical care, 76% of people achieve VLS = getting and keeping people in HIV medical care saves lives
- ▶ Which brings us back to the Women of Color Study

HIV+ Women of Color SPNS Initiative Demonstration Sites



power

PEER OUTREACH WORKER ENGAGEMENT & RETENTION



Brooklyn



Interfaith
Medical Center



The Brooklyn Hospital Center
Keeping Brooklyn healthy.

Methods

- ▶ Prospective intervention study on a convenience sample of women who were reachable
- ▶ Enrolled HIV+ women of color between November 2010-July 2013 who were not currently receiving HIV care and were:
 - 1) Newly diagnosed with HIV, never been in care
 - 2) Previously diagnosed, never been in care
 - 3) Previously in care but changed care provider
 - 4) Sporadic care – last visit within 12 months
 - 5) Lost to care (out of care > 12 months)

Methods

- ▶ Face-to-face interviews were conducted at baseline and 4 follow-up times: 3; 6; 12; and 18 months.
- ▶ Demographic and extensive health history was collected at baseline.
- ▶ HIV clinical care and VL status data were collected at baseline and at all follow up visits
- ▶ Barriers to care, self-assessed health (CDC HRQOL) and aspects of the clinical care team were collected at each follow-up visit.
- ▶ Data collection ended in January, 2014.

Research Questions

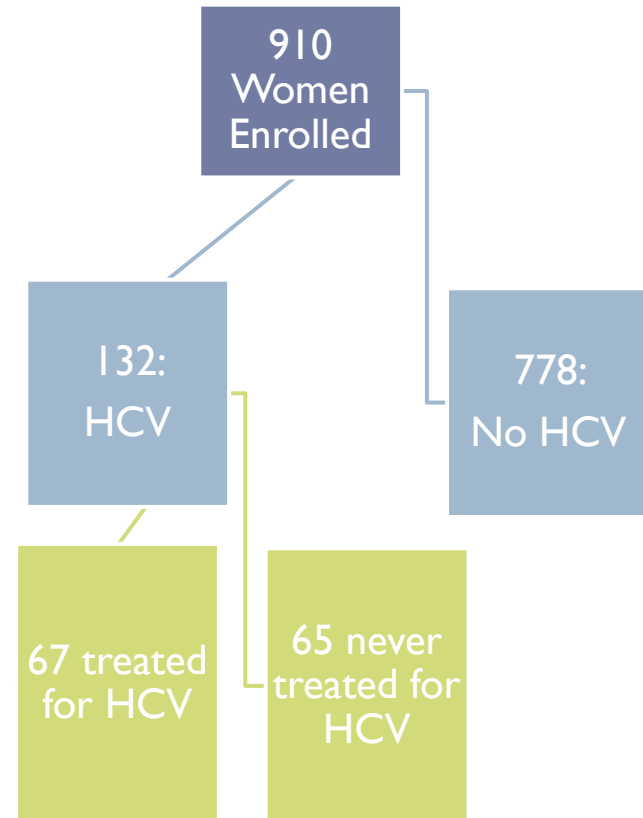
- ▶ What is the co-occurrence of HCV among women who have HIV?
- ▶ Are women who have both HIV and HCV more likely to remain in care for at least one year compared to those with just HIV?
- ▶ Are women with HIV and HCV more likely to be HIV virally suppressed?

Methods

- ▶ Baseline data
- ▶ We used interview collected sociodemographic, self-assessed health, and health history between 2010-2013 as participants were enrolled
- ▶ Medical care data
- ▶ Question about history of HCV diagnosis and HCV treatment
- ▶ Outcome data
- ▶ Most recent Viral load suppression (yes/no) collected
- ▶ Whether participant returned for 12 month interview as a measure of retention

Enrollment and HCV co-occurrence

- ▶ 921 women enrolled at 9 of the 11 sites across the US
- ▶ In medical history one of the questions asked was have you ever been told you have hepatitis C?



Characteristics of Women by Hepatitis C History and HCV Treatment at Baseline

Characteristics		History of Hepatitis C (HCV) and Hepatitis C treatment History at Baseline			Total N=910 (100%)	P value*
		Had HCV, Never Treated N=65 (7.1%)	Had HCV, Treated N=67 (7.4%)	Never Diagnosed with HCV N=778 (85.5%)		
Age Mean (SD)		45.8 (9.1)	47.0 (9.2)	40.3 (11.8)	41.2 (11.1)	P<0.001¹
Race/Ethnicity	Non-Hispanic	35 (53.8)	44 (65.7)	535 (69.1)	614 (67.8)	.083²
	Hispanic/Latina	26 (40.0)	17 (25.4)	194 (25.1)	237 (26.2)	
	Other/multiracial	4 (6.2)	6 (9.0)	45 (5.8)	55 (6.1)	
Education	Less than HS	34 (52.3)	35(52.2)	302 (38.8)	371 (40.8)	.015
	HS grad or higher	31 (47.7)	32 (47.8)	476 (61.2)	539 (59.2)	
Insurance Status	Any	42 (65.6)	53 (80.3)	537 (69.7)	632 (70.2)	.139
	None	22 (34.4)	13 (19.7)	233 (30.3)	268 (29.8)	
Housing Status	Stable	31 (48.4)	41 (61.2)	498 (64.3)	570 (82.9)	.040
	Unstable/Institution	33 (51.6)	26 (38.8)	277 (35.7)	336 (27.1)	
Employment Status	Working (PT/FT)	2 (3.1)	9 (13.4)	152 (19.5)	163 (17.9)	.002
	Not working/disabled/other	63 (96.9)	58 (86.6)	626 (80.5)	474 (82.1)	

HIV Medical Care Status of Women at Baseline and HCV History at Baseline

HIV Care Status		History of Hepatitis C (HCV) and Hepatitis C treatment History at Baseline			Total N=910 (100%)	P value*
		Had HCV, Never Treated N=65 (7.1%)	Had HCV, Treated N=67 (7.4%)	Never Diagnosed with HCV N=778 (85.5%)		
HIV Care	Newly diagnosed	8 (12.3)	5 (7.5)	158 (20.3)	171 (18.8)	.071
	New to HIV Medical Care	9 (13.8)	10 (14.9)	112 (14.4)	131 (14.4)	
	Transferred to Care	14 (21.5)	14 (20.9)	183 (23.6)	211 (23.2)	
	Sporadic Care	17(26.2)	21 (31.3)	201 (25.9)	239 (26.3)	
	Lost to Care	17 (26.2)	17 (25.4)	123 (15.8)	157 (17.3)	

Self-Assessed Health Status of Women at Baseline

Health Status		History of Hepatitis C (HCV) and Hepatitis C treatment History at Baseline			Total N=910 (100%)	P value*
		Had HCV, Never Treated N=65 (7.1%)	Had HCV, Treated N=67 (7.4%)	Never Diagnosed with HCV N=778 (85.5%)		
Health is	Excellent	3 (4.5)	2 (3.0)	83 (10.7)	88 (9.7)	.095
	Very Good	8 (12.3)	6 (9.1)	114 (14.7)	129 (14.1)	
	Good	18 (27.6)	22 (33.3)	257 (33.1)	297 (32.7)	
	Fair	26 (40.0)	29 (43.9)	235 (30.3)	290 (32.0)	
	Poor	10 (15.4)	7 (10.6)	87 (11.2)	104 (11.5)	

Risks for HCV and Other Adverse Health Outcomes

Risk – reported yes	History of Hepatitis C (HCV) and Hepatitis C treatment History at Baseline			Total N=910 (100%)	P value*
	Had HCV, Never Treated N=65 (7.1%)	Had HCV, Treated N=67 (7.4%)	Never Diagnosed with HCV N=778 (85.5%)		
Fear of being reported for use of drugs	18 (27.7)	14 (20.9)	73 (9.4)	105 (11.6)	<.001
Injected drugs last 3 months	37 (56.9)	27 (40.9)	42 (5.4)	106 (11.7)	<.001
Had sex with an IDU last 3 months	38 (65.5)	26 (42.6)	91 (13.4)	155 (19.4)	<.001
Had sex for money last 3 months	38 (65.5)	38 (56.7)	203 (26.4)	279 (31.0)	<.001
Used condoms for last 3 months	59 (90.8)	60 (89.6)	638 (84.2)	757 (85.1)	.201
Alcohol use last 3 months	56 (86.2)	51 (76.1)	573 (74.0)	680 (75.1)	.093

HIV and HCV and VL and Retention in HIV Medical Care at 12 Months

Risk		History of Hepatitis C (HCV) and Hepatitis C treatment History at Baseline			Total N=910 (100%)	P value*
		Had HCV, Never Treated N=65 (7.1%)	Had HCV, Treated N=67 (7.4%)	Never Diagnosed with HCV N=778 (85.5%)		
Retained in Care 12 mos	Yes	42 (85.7)	40 (78.4)	487 (83.0)	569 (82.8)	.610
	No	7 (14.3)	11 (21.6)	100 (17.0)	118 (17.2)	
Viral Load Suppression	Yes	28 (59.6)	33 (68.8)	363 (64.9)	424 (64.8)	.639
	No	19 (40.4)	15 (31.3)	196 (35.1)	230 (35.2)	

We examined all the significant variables together, controlling for the location of where women were enrolled

- ▶ Have you ever been told you have HCV?
- ▶ Mattered positively: Older age and past IDU
- ▶ Have you ever been treated for HCV (yes/no) –
- ▶ Nothing mattered=No differences

What do we take away from these findings?

- ▶ Injection drug use is associated with HCV
- ▶ Having sex with someone who injects drugs is associated with HCV*
- ▶ That only 15% of 910 women had been told that they were positive for HCV may mean that we had:
 - ▶ Unusual sample
 - ▶ CDC HCV screening recommendations for those born 1945-1965 were released in 2012 so not yet standard of care
 - ▶ Participants under-reported HCV (social desirability)
 - ▶ Women of color with HCV risk factors were screened at low levels
- ▶ Re-testing for HCV on some regular basis is important

Since the end of 2014, HCV treatment has changed dramatically

- ▶ On the good side, new medications treat HCV more quickly and effectively with fewer side effects
- ▶ Several new drugs have been introduced in the past two years
- ▶ June, 2016 FDA approved Epclusa (Gilead). 12 week course \$74,760. Treats all six strains of HCV.
- ▶ In New York, ADAP will pay for at least some HCV medications – but not the ones that cost \$1000/day.
- ▶ NY- all insurers now willing to pay-regardless of fibrosis or HIV status

THANK YOU to all the people who were involved with POWER and to the women who were empowered:

- ▶ HRSA SPNS for funding us
- ▶ The SUNY FACES Network
 - J. Birnbaum, B. Eastwood, D. Thomann-Howe, D. Weekes, S. Murphy, J. Lee
- ▶ HEAT
 - J. Irwin, C. Shepherd, S. Lewis, P. Jones, L. Blackman
- ▶ Brooklyn Hospital, PATH Center
 - ▶ M. Perez, J. Bastas, J. Goldberg
- ▶ Housing Works
 - ▶ W. Blanch, L. Smith, S. Culler, E. Culler, K. Thompson
- ▶ Interfaith Medical Center
 - ▶ T. Mounsey, J. Lawrence, J. Stultz, S. Ahmed