Hep C Diagnosis treatment and Cure by Priority Population Among New York City Ryan White HIV/AIDS Program Part A Clients

Jelani Cheek, MPH
HIV/HCV Evaluation Specialist, HIV Care & Treatment Program

Bureau of Hepatitis, HIV, and Sexually Transmitted Infections
Envisioning a New York City without transmission or illness related to viral hepatitis, HIV, and sexually transmitted infections.

Background

- Hepatitis C virus (HCV) is a common combordity among people with HIV (PWH). HCV-related liver disease is an important cause of non-AIDS related death among PWH

- Despite the availability of effective treatments for HCV, there remain persistent gaps in the care cascade, from testing to treatment initiation to cure

- Specific groups of clients in New York City (NYC) Ryan White HIV/AIDS Program Part A (RWPA) services have been identified as priority populations, based on being historically marginalized and have recognized barriers to care/treatment

- Understanding gaps in the HCV care cascade among RWPA clients could lead to improved integration of HCV and HIV treatment and prevention for historically marginalized populations

NYC Health

Objective

The purpose of this study was to examine HCV infection and cure among NYC RWPA priority populations, to identify opportunities to improve service delivery and health equity

NYC Health

Methods

- Inclusion criteria: PWH enrolled in any RWPA (clients) who received at least 1 service between January 2019 and December 2022

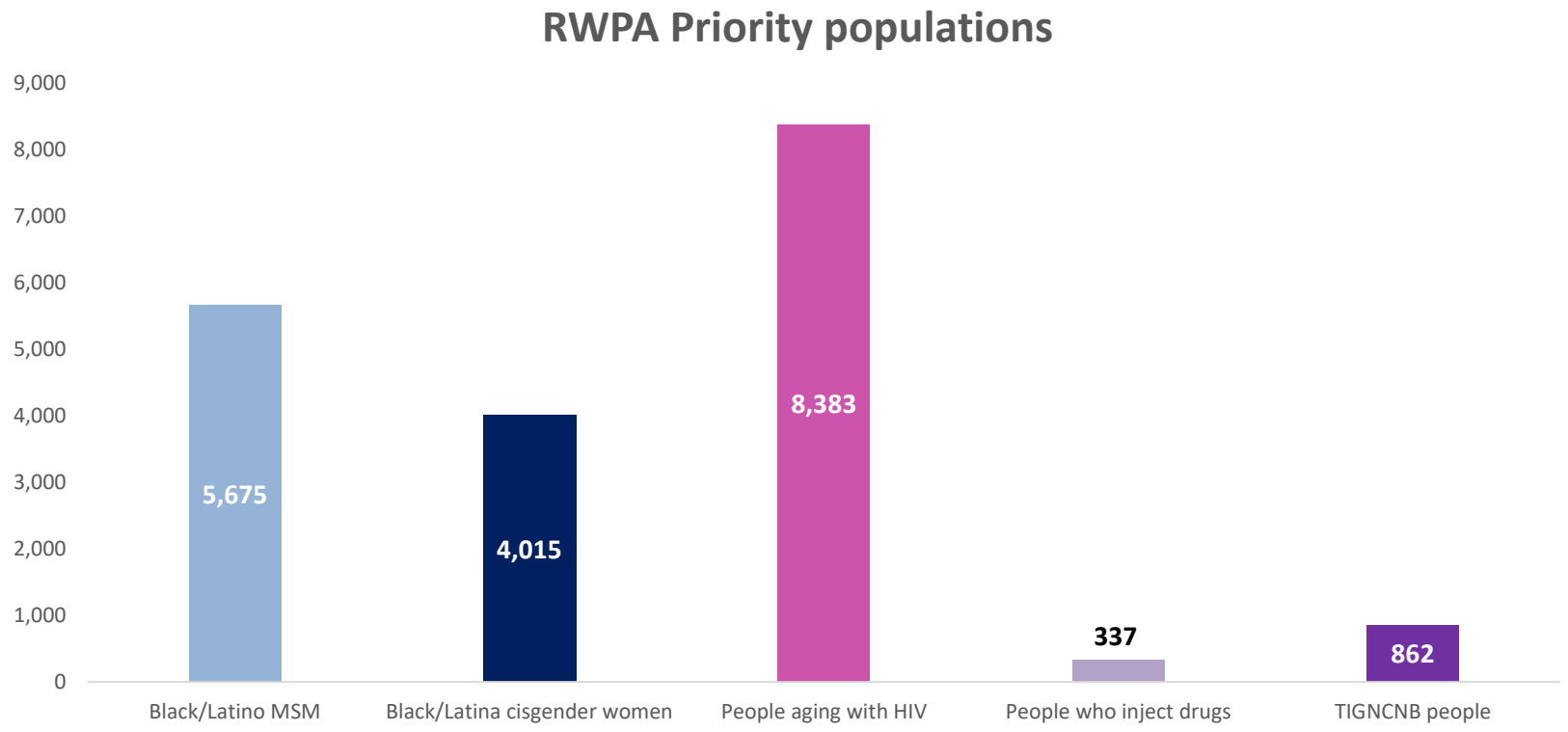
- Priority Populations
  - Black/Latino men who have sex with men (MSM)
  - Black/Latina cisgender women
  - People aging with HIV (PAWH)
  - People with inject drugs (PWID)
  - Transgender, intersex, gender non-conforming, or non-binary (TIGNCNB) people

- Primary outcomes
  - HCV infection: Any positive result on an HCV RNA test reported to the HCV registry through December 2022
  - HCV cure: Negative RNA result on the most recent HCV test during the analysis period and dated at least 12 weeks after the most recent positive RNA test

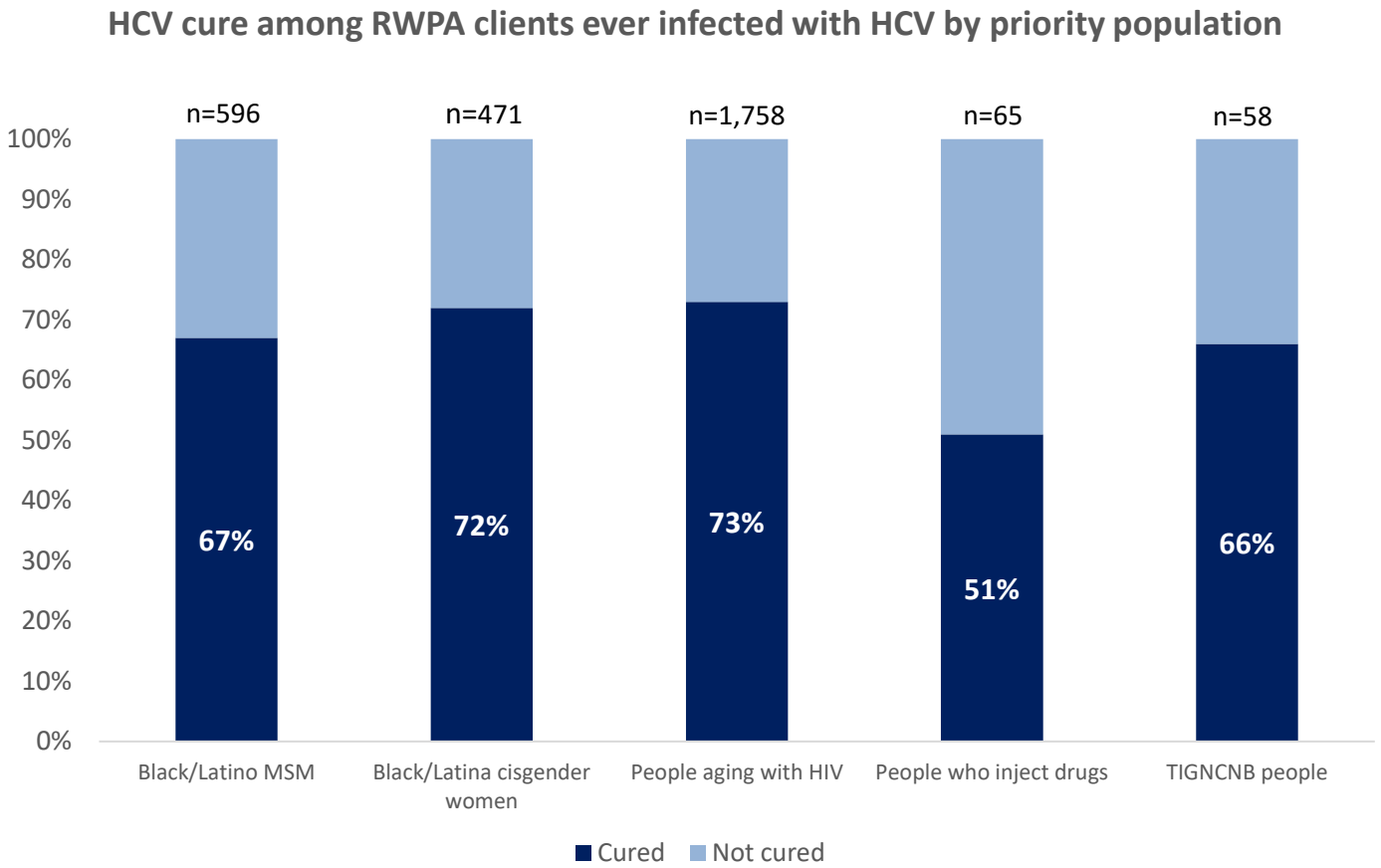
- Statistical analyses
  - Comparing HCV infection and cure across priority populations

NYC Health

Results

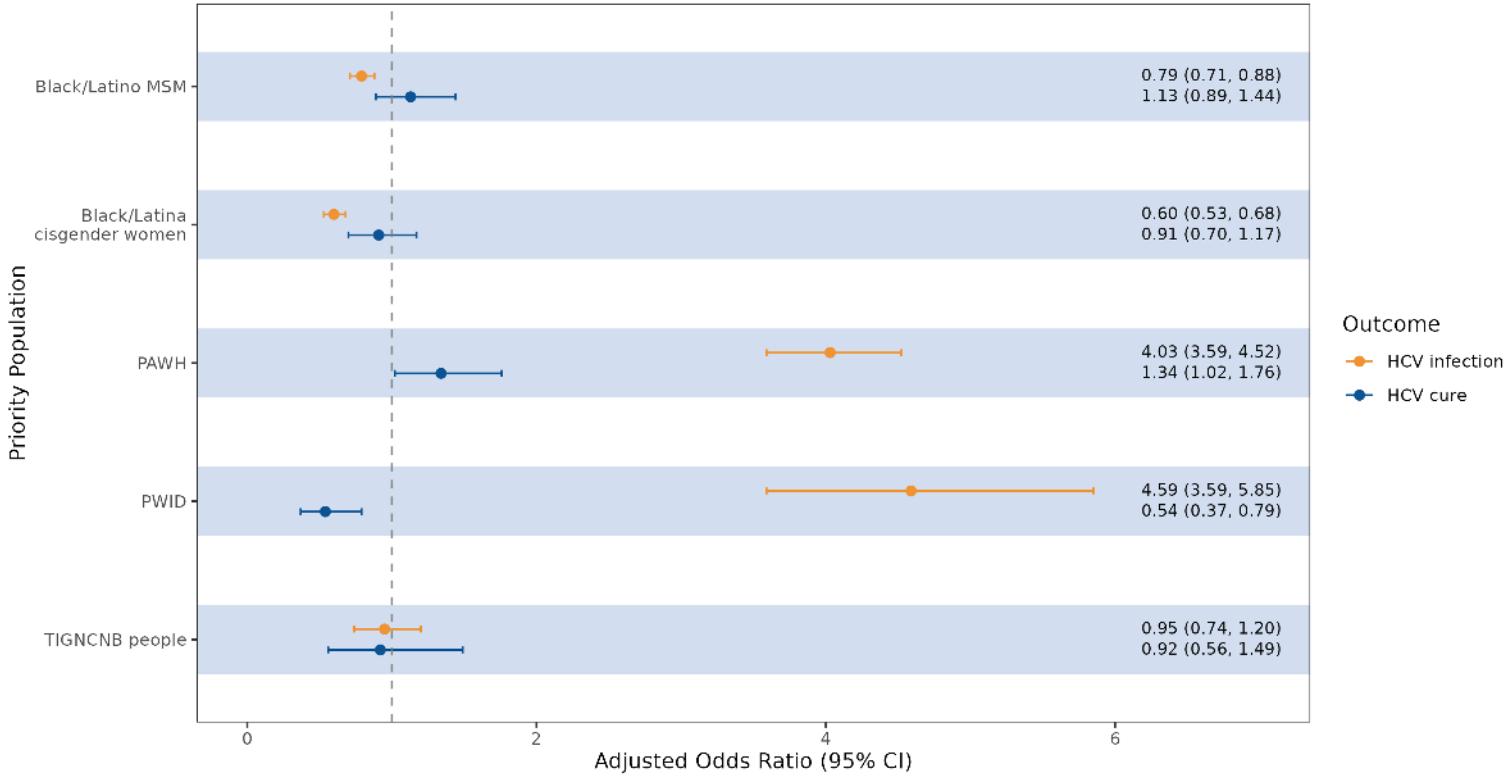

RWPA Priority populations
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
5,675
4,015
8,383
337
862
Black/Latino MSM
Black/Latina cisgender women
People aging with HIV
People who inject drugs
TIGNCNB people

Results cont.



Results cont.

Figure 1. Comparison of HCV outcomes across RWPA priority population in NYC from 2019-2022



Models were adjusted for the following covariates:
Black/Latino MSM & **Black/Latina cisgender women:** age group, injection drug use, housing stability, percentage of federal poverty level, borough of residence and baseline HIV viral suppression status; **PAWH:** race, gender, injection drug use, housing stability, percentage of federal poverty level, borough of residence, and baseline HIV viral suppression status; **PWID**: age group, race, gender, housing stability, percentage of federal poverty level, borough of residence, and baseline HIV viral suppression status; **TIGNCNB people**: age group, race, injection drug use, housing stability, percentage of federal poverty level, borough of residence, and baseline HIV viral suppression status. All models for HCV cure are also adjusted for time since first positive HCV result.

Key Takeaways & Equity considerations

- In NYC, 87% of RWPA clients and 83% of people with reported HCV and HIV coinfection were Black or Latinx, reflecting the role of systemic racism in producing and perpetuating socioeconomic and health inequities

- Compared to other NYC RWPA clients, PWID had higher odds of HCV infection, but lower odds of HCV cure, highlighting gaps in HIV/HCV care in this priority population

- Integrating HCV services into RWPA programs and coordinating with HIV care could promote equity in both HCV and HIV outcomes for NYC RWPA clients

Future directions

- Identify strategies to efficiently integrate HCV services within RWPA in both HCV and HIV outcomes

- Further research on upstream factors such as housing stability, mental health, and substance use in needed to understand the associations between these factors and the risk of HCV infection and access to HCV treatment among priority populations

NYC Health

Acknowledgements

We would like to thank the RWPA providers for their program implementation and reporting. We acknowledge Laura Graf, former surveillance analyst in the Viral Hepatitis program, for her input and involvement in the development of this analysis. We also wish to extend gratitude to the Viral Hepatitis program for providing and sharing HCV registry data and to the HIV Epidemiology Program for providing and sharing HIV registry data.

NYC Health


Questions?
NYC
Health