**HCV HIV CO-INFECTED PWID TREATED FOR HCV AT INNER CITY CLINIC**

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**Background:** People who inject drugs (PWID), are over-represented among HIV-infected adults co-infected with HCV. Recent data suggest that HCV treatment regimens are equally effective in the setting of HIV co-infection. However, the feasibility (and success rates) of therapy have not been clearly established in co-infected PWID populations. The aim of this study was to evaluate the success of HCV treatment in PWID.

**Methods:** We have established a multi-disciplinary program to recruit and retain HCV-infected PWID in care. The program includes facilitated access to specialty medical care, access to support services. We have conducted a retrospective analysis of all HIV co-infected patients treated for HCV infection. This analysis correlates the likelihood of achieving SVR with a range of baseline demographic and clinical variables, including housing and active drug use.

**Results:** Of 512 HIV-infected individuals, 245 (47.8%) were co-infected with HCV. Among the latter, 172 (70.2%) were PWID. In total, 77 (31.4%) have completed HCV treatment (72 interferon-based, 5 all-oral regimens), and 34 (44.2%) with genotype 1 infection. The mean age of treated patients was 51, 50 (64.9%) were male, 21 (38.9%) were on opiate substitution, 51 (94.4%) were on HIV treatment (46/51 with full virologic suppression), 18 (33.3%) were homeless, and 30 (55.6%) attended weekly HCV support groups. The SVR rate was 53.5% (23/43), 41.2% (14/34) with genotype 1 infection. Success rates were no higher in subjects on methadone 12/21 (57.1%), and no lower in those who were homeless 9/18 (50.0%) or active PWID 10/20 (50.0%).

**Conclusions:** PWID with HIV co-infection can be successfully treated for HCV infection within multi-disciplinary programs. Our program will serve as an important tool to address the HCV epidemics in vulnerable populations often considered as “core transmitters” of HCV and HIV infections, with SVR rates >90% expected as all-oral regimens become the standard of care.