

Hepatitis C and HIV treatment uptake and coverage among people who use drugs in Amsterdam

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Background

- **People who use drugs (PWUD)** are more likely to start **HCV and HIV treatment** later than other risk-groups.
- **Hepatitis C virus (HCV)** treatment uptake among PWUD remains low.
- The Amsterdam Cohort Studies (ACS) contains non-clinical data allowing us to describe HCV and HIV treatment from a community setting perspective.
- We **hypothesized** that HIV treatment uptake was hampered by the lifestyle of PWUD, specially during the pre-cART (combination antiretroviral therapy) era as HIV-related mortality was high.

Objectives

- To describe the **HIV and HCV treatment uptake and coverage** over time (from 1985 until 2013) among PWUD from the ACS
- To evaluate whether HIV treatment uptake differed in the pre-cART and cART era taking all-cause mortality as a competing risk

Methods

1. 1985-2013

- **HIV treatment uptake:** Number of treatment-naïve PWUD with a study visit receiving any kind of antiretroviral therapy (ART) divided by the number of HIV positive PWUD per calendar year.
- **HIV treatment coverage:** Proportion ever treated for HIV with any kind of ART divided by number of HIV positive with a cohort visit.

2. Furthermore, from 2005 until 2013 we calculated:

- **HCV treatment uptake:** Number of PWUD with a study visit receiving HCV treatment divided by number of HCV-RNA positive PWUD per calendar year.
- **HCV treatment coverage:** Proportion ever treated for HCV divided by number of HCV-RNA positive PWUD with a cohort visit. This was also calculated per HCV/HIV serological group.

3. To evaluate our hypothesis, we estimated the cumulative probability of ART uptake in the pre-cART and cART era (pre-cART= year<1997) among PWUD who seroconverted for HIV during follow-up taking all-cause mortality into account as a competing risk.

Results

- Among 1,305 PWUD, 362 were HIV-positive and 868 HCV-antibody positive. There were 452 death during the total follow-up period.

Figure 1: 1a. HCV treatment uptake; 1b. HCV treatment coverage (2005-2013) ;1c. HCV treatment coverage per HIV/HCV serological group;1.d HIV treatment uptake; 1.e HIV treatment coverage (1985-2013)

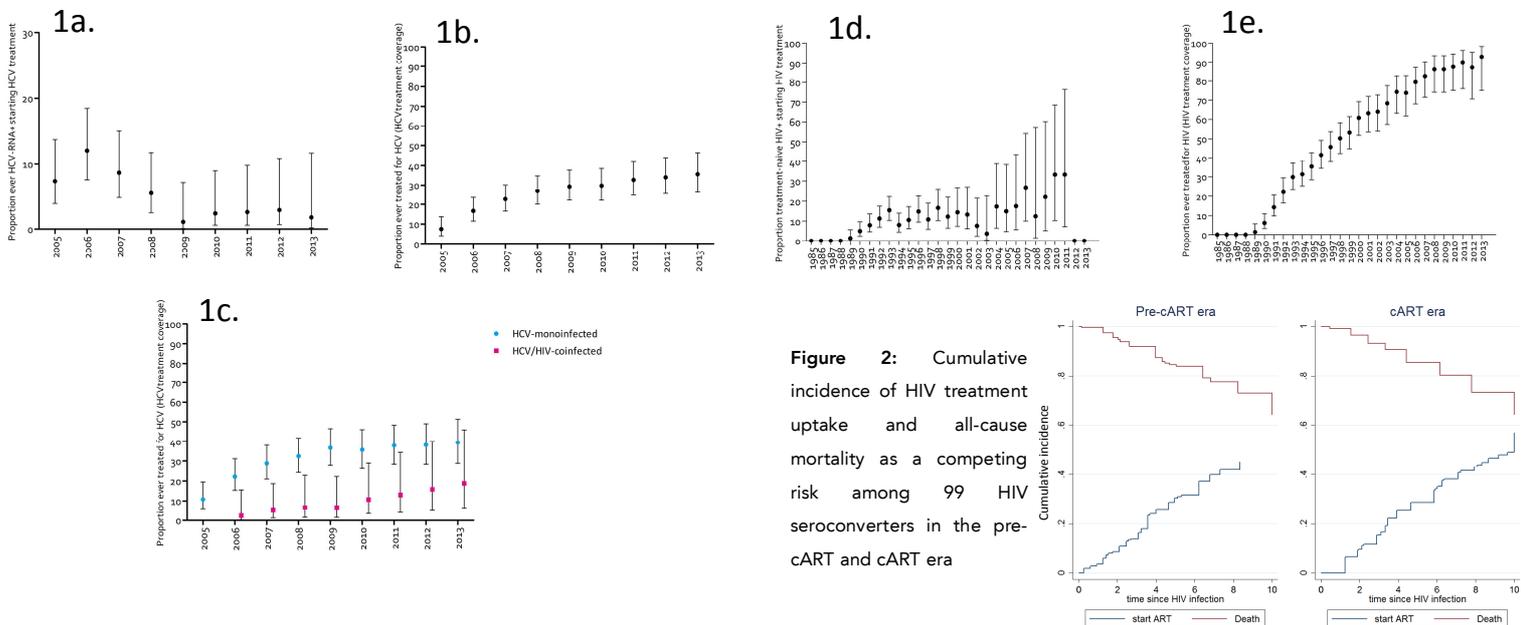


Figure 2: Cumulative incidence of HIV treatment uptake and all-cause mortality as a competing risk among 99 HIV seroconverters in the pre-cART and cART era

Conclusions

- The HCV treatment uptake during 2006 (12; 95%CI: 4-14%) was relatively high compared to other studies among PWUD outside the Netherlands. However, HCV/HIV-coinfected PWUD seem to be lagging behind in HCV treatment coverage (19% vs. 39% among HCV-monoinfected).
- The proportion ever treated for HIV increased from 6% in 1990 to 61% in 2000 and 92% in 2013. HIV treatment uptake among HIV positive PWUD seems to have started later compared to the general HIV-positive Dutch population. However, among those PWUD alive in 2013, HIV treatment coverage was high (92%; 95%CI: 73-98%).
- Among PWUD who seroconverted for HIV during follow-up, all-cause mortality was slightly higher during the pre-cART era whereas ART uptake was similar to that during the cART era by 8 years. Factors other than all-cause mortality, such as access to health-care, probably also played a significant role in ART treatment uptake.