

RESEARCH SUMMARY

# THE IMPACT OF HCV CO-INFECTION STATUS ON HEALTHCARE-RELATED UTILIZATION AMONG PEOPLE LIVING WITH HIV IN BRITISH COLUMBIA, CANADA: A RETROSPECTIVE COHORT STUDY



**FINDINGS**

* HRV rates have decreased among people living with HIV and people living with both HIV/HCV co-infection since the year 2000, however, people living with the co-infection had a 18% higher HRV than those living with only HIV.
* The excess in HRV among co-infected individuals was associated with late presentation for HIV treatment, history of injection drug use, sub-optimal HIV treatment adherence, and a higher number of presence of two chronic diseases.

**INTRODUCTION**

The burden of Hepatitis C (HCV) among those living with HIV remains a major public health challenge. We aimed to characterize trends in healthcare-related visits (HRV) of people living with HIV and those living with a co-infection of both HIV and HCV in British Columbia and to identify risk factors associated with the highest HRV rates over time.

**METHODS**

Eligible individuals were at least 18 years old, first started antiretroviral therapy (a combination of HIV drugs) between 1 January 2000 and 31 December 2013, and were followed for ≥6 months until 31 December 2014.

**PUBLIC HEALTH IMPLICATIONS**

Our results highlight several modifiable risk factors that could be targeted as potential means to minimize the disease burden of this population and of the healthcare system.

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