Racial/Ethnic and Socioeconomic Disparities in Initiation of Direct-Acting Antiviral Agents for Hepatitis C Virus in an Insured Population

The Harvard community has made this article openly available. Please share how this access benefits you. Your story matters

Citation


Published Version
doi:10.1093/ofid/ofx163.380

Citable link
http://nrs.harvard.edu/urn-3:HUL.InstRepos:34493137

Terms of Use
This article was downloaded from Harvard University’s DASH repository, and is made available under the terms and conditions applicable to Other Posted Material, as set forth at http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA
524. Racial/Ethnic and Socioeconomic Disparities in Initiation of Direct-Acting Antiviral Agents for Hepatitis C Virus in an Insured Population

Julia Marcus, PhD, MPH1; Leo Hurley, MPH1; Scott Chamberland, PharmD1; Janella Champa, MD1; Laura Gittleman, RN, MBA1; Daniel Korn, MD2; Jennifer Lai, MS, PharmD1; Charles Quesenberry Jr., PhD1; Joanna Ready, MD1; Varun Saxena, MD3; Suk Seo, MD4;5; David Witt, MD6; and Michael Silverberg, PhD, MPH1.

1Harvard Medical School and Harvard Pilgrim Health Care Institute, Boston, MA; 2Kaiser Permanente Northern California, Regional Pharmacy, Oakland, California; 3Kaiser Permanente South San Francisco Medical Center, South San Francisco, California; 4Kaiser Permanente Northern California, Medical Group Support Services, Oakland, California; 5Kaiser Permanente Oakland Medical Center, Oakland, California; 6Kaiser Permanente San Rafael Medical Center, San Rafael, California; 7Kaiser Permanente Santa Clara Medical Center, Santa Clara, California; 8Kaiser Permanente Antioch Medical Center, Antioch, California; 9Kaiser Permanente Walnut Creek Medical Center, Walnut Creek, California.

Session: 59. Hepatitis B and C in Varied Settings
Thursday, October 5, 2017: 12:30 PM

Background. The high cost of direct-acting antiviral agents (DAAs) for hepatitis C virus (HCV) infection may present a barrier to access, thus contributing to disparities in treatment. However, few real-world data exist on factors associated with DAA uptake.

Methods. We conducted an observational study of Kaiser Permanente Northern California members with HCV infection, defined as a positive HCV RNA test or an HCV antibody test. Using their own published data, we identified 11 states where rates of HCV infection in young adults surpassed that of Baby Boomers, and 4 states where the rates of HCV were equal between the 2 age groups. These states alone make up 25% of the entire US population. When we include 6 additional highly populous states with reported HCV incidence on the rise in young adults, these 21 states account for more than half the US population. Only 4 states reported HCV rates in Baby Boomers to be higher than young adults and 25 states had no recent data to review. Of note, most of these states are direct neighbors to states in the first 2 categories with a higher burden of HCV.

Conclusion. Even using a risk-based screening strategy with lower case capture rate in young adults compared with universal screening in Baby Boomers, we identified that many states have HCV rates in young adults that is as high or higher than Baby Boomers. These results suggest that universal screening in this age group is warranted, where DAA treatment could reduce future spread. Pregnant women represent an easy group to target given their frequent medical visits, frequent lab testing, their exposed infants would require follow-up testing and the women could be referred for DAA treatment after delivery.

Disclosures. R. Jhaferi, Gilead: Grant Investigator, Grant recipient. Abbvie: Grant Investigator, Grant recipient. Merck: Grant Investigator, Grant recipient.

526. Is DAA Treatment Associated with HBV Reactivation? Results from ERCHIVES

Adeed Butt, MD, MS1; Peng Yan, MS2; Obaid Shaikh, MD2; and Abdul-Badi Abou-Yazza, MD, PhD3; Weill Cornell Medical College, New York, New York, VA; Pittsburgh Healthcare System, Pittsburgh, Pennsylvania; 3University of Pittsburgh, Pittsburgh, Pennsylvania; 4Hamad Medical Corporation, Doha, Qatar

Session: 59. Hepatitis B and C in Varied Settings
Thursday, October 5, 2017: 12:30 PM

Background. Reactivation of HBV infection has been reported in patients with HCV treated with newer directly acting antiviral agents (DAAs). Magnitude of this problem and its consequences are not fully understood.

Methods. Using ERCHIVES, a well-established national database of HCV infected Veterans, we identified all persons who received DAA treatment for >28 days. We determined the proportion of patients who had HBV viral reactivation (≥1 log increase in HBV DNA from baseline), seroconversion (from HBsAg positive to negative), or both.