

BID Plymouth: Getting From No To Go- HCV treatment In HIV+

The Problem

One-quarter of HIV+ individuals in the U.S. are coinfecting with Hepatitis C (HCV). Coinfection more than triples the risk for liver disease, liver failure, and liver-related death from HCV. BID-Plymouth's ACCESS Program provides primary medical care and support services to 69 individuals with HIV/AIDS. At this time 14% (n=10) are coinfecting with HCV. In 2011, we initiated the "Getting From No To Go" project to encourage HCV treatment. Seventeen coinfecting clients were invited to an individualized physician visit focusing on HCV treatment using our personalized "Getting From No To Go" booklet. Eleven of 17 (64%) coinfecting clients completed a visit, only three (27%) initiated but did not complete treatment. This was due to the protocol that included six pills daily and 1 shot weekly for 48 weeks with a success rate of 26 to 55%. Side effects included anemia, leukopenia, depression, and flu like symptoms. In 2014, new treatment options for HIV coinfection emerged and have minimal side effects, 12-24 week treatment duration, and a success rate of 90-100%. We hypothesized that new options would facilitate higher treatment rates among our coinfecting clients.

Aim/Goal

1. 80% of ACCESS clients coinfecting with HCV will initiate treatment during 2015.
2. 96% of the clients completing treatment will have an SVR (Sustained Virologic Response) at 12 weeks post treatment

The Team

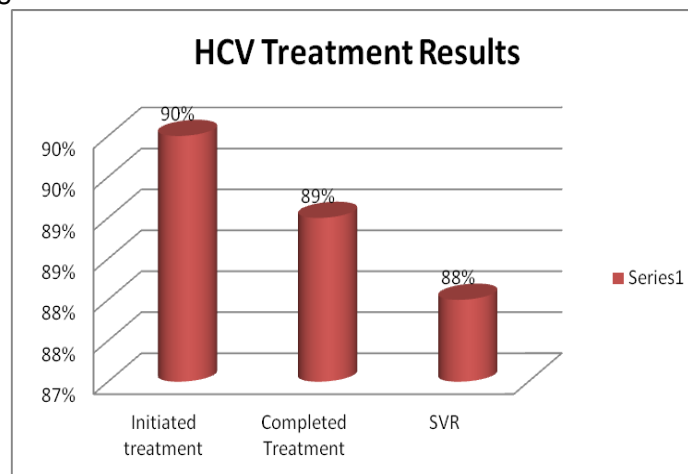
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The Interventions

- June 2014: Determine number of clients coinfecting with HCV
- June 2014: Liver Health Learning Lunch for clients
- July 2014/Nov 2015: Newsletter focusing on HCV treatment
- April 2015: Staff training on HCV treatment protocol

The Results/Progress to Date

Newer options have improved HCV treatment rates as 90% (n=9) of our 10 coinfecting clients initiated treatment, therefore meeting Goal 1. For Goal 2, 88% (n=7) achieved SVR compared to our goal of 96%.



Lessons Learned

Six clients completed 12 weeks, one client completed 24 weeks and two clients completed 4 weeks and 8 weeks respectively due to unforeseen personal challenges. Planning for such difficulties will be included prior to treatment initiation with future clients. Seven clients completed treatment with one not reaching SVR. This client was undetectable at week 4 and resistance testing is being conducted. New, easier regimens and promoting HCV treatment with several educational interventions improved client's willingness to initiate HCV treatment.

Next Steps/What Should Happen Next

- Continue to promote HCV treatment through medical visits, client education programs, and bi-monthly newsletter
- Plan for unexpected challenges prior to initiating treatment
- Maintain staff expertise on emerging HCV treatments