2237. Validity of Self-Reported HCV Status Among Justice-Involved Persons Living with HIV
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Background. The prevalence of hepatitis C virus (HCV) and human immunodeficiency virus (HIV)-1 co-infection is high in HCV and HIV health literacy is low. The validity of self-reported HCV status in this population has important implications for HCV testing and education programs inside correctional facilities and in the community after release, yet its assessment is limited.

Methods. HIV-positive justice-involved persons from the District of Columbia were enrolled into a study evaluating a health intervention for improved HCV treatment adherence and linkage to community-based HCV care. Participants completed a comprehensive baseline assessment that included self-reported HCV status, which we compared with lab-confirmed status.

Results. Of 110 participants, 103 were available for HCV testing and were included in analyses. Twenty participants (19%) self-reported being HCV+ of which 11 (55%) were HCV RNA+. Nine participants reported being HCV RNA+. Among the 84 participants not reporting HCV infection, 80 were HCV Ab−, one had an equivocal Ab result (HCV RNA−), and two (both women) were HCV Ab+ and HCV RNA+ (equivocal result). Overall, self-report and lab results had a moderate agreement (Cohen’s Kappa = 0.60) and lab-confirmed prevalence of RNA+ was 13%.

Conclusion. The validity of self-reported HCV status among justice-involved persons living with HIV was moderate. Only one-half of persons who reported HCV infection were confirmed to be HCV infected. In addition, two women (2.4%) did not report HCV infection were found to be infected. These findings support the need for expanded HCV-specific testing, counseling and education among justice-involved persons, with focused attention on justice-involved women who may be at particularly high risk for undiagnosed HCV.

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2238. Immunogenicity and safety of four- vs. three-standard doses HBV vaccination in HIV-infected persons with isolated anti-HBC antibody
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Background. HIV-infected patients have decreased serological response to HBV vaccination with faster decline of protective antibody (Ab) titers. In those with isolated anti-HBC Ab, the role of vaccination remains controversial. We, therefore, conducted this study aimed to evaluate HBV immunogenicity and safety of four-standard doses HBV vaccination in HIV-infected adults with isolated anti-HBC antibody.

Methods. An open-label randomized controlled trial with 1:1 allocation was conducted among HIV-infected patients attending the Infectious Diseases clinic of the Maharaj Nakorn Chiang Mai Hospital, Faculty of Medicine Chiang Mai University, Chiang Mai, Thailand between July and September 2017. Eligibility participants must be ≥18 years old, taking CART, CD4 ≥200 cells/mm3, HIV VL <20 copies/mL, and positive isolated anti-HBC Ab. The participants were randomized to receive either three-standard doses (20 µg at Months 0, 1, 6) or 4-standard-doses (20 µg at Months 0, 1, 2, 6) IM HBV vaccination and were evaluated for anamnestic response at Week 4 after the first dose and response at Week 28. Predictive factors for anamnestic response and vaccine responders at Week 28 were analyzed.

Results. Of the total of 97 patients screened, 54 participants were enrolled and randomized. Thirty-two participants were male (59.3%) with the mean age of 46 years old. Anamnestic response occurred in 25.9% vs. 33.3% in three doses vs. four doses arm respectively (P = 0.551). After vaccination, the response rates at Week 28 were 85.2% in three doses arm vs. 88.9% in four doses arm (P = 1.000); with 64.6% vs. 63.0% being high level responders, respectively (P = 0.172). GMT of anti-HBs Ab at Week 28 in three doses arm and four doses arm were 63.8 and 209.8 mIU/mL, respectively. P = 0.030. No adverse events were reported. A younger age (<45 years old) and higher nadir CD4 count (≥200 cells/mm3) were independently predictive factors of anamnestic response with the odd ratio (OR) of 17.4 (95% CI 3.0–102.0) and 21.6 (95% CI 2.7–170.4) respectively. No predictive factors of responders at Week 28 were found.

Conclusion. In Thai HIV-infected patients with isolated anti-HBC Ab, anamnestic response occurred considerably with both regimens, but the majority was still unprotected. Hence, a single dose vaccination is insufficient. The usual three-standard-doses vaccination was highly effective with high response rate.

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