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 among justice-involved persons is high and HCV 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 adherence and linkage to community-based HCV care. Participants completed a computerized questionnaire assessing HCV status before enrollment. Corrected HCV status was defined as agreement between self-reported and lab-confirmed status. Parallel agreement between reported and lab-confirmed status for all participants was assessed using Cohen’s Kappa statistic. Banked plasma specimens were tested for HCV antibody (Ab), Ab-positive or equivocal specimens were tested for HCV RNA levels.

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 Ab+), of all which were HCV RNA+. Nine participants reported being HCV-. Of those who were HCV Ab+ but HCV RNA−, 6 were HCV Ab(−) and 3 were HCV RNA(−). Among the 83 participants not reporting HCV infection, 80 were HCV Ab(−) and one had a equivocal Ab result (HCV RNA−), and two (both women) were HCV Ab+ and HCV RNA+. 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%) who 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) titer. In those 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.

Conclusion. As people with HIV live longer, age-appropriate colorectal cancer (CRC) screening will be an increasingly important component of care. However, it remains unclear whether CRC screening guidelines for the general population, which recommend screening of average-risk persons starting at age 50, are appropriate for people with HIV particularly those with advanced HIV disease.

Methods. We compared CRC screening rates and outcomes among HIV-infected and demographically-matched HIV-uninfected subjects in a large integrated health-care system. Using electronic health records, we identified subjects aged 50–75 years of age who were diagnosed with CRC, screened, and met all eligibility criteria for first CRC screening (FIT, sigmoidoscopy or colonoscopy) using Kaplan–Meier estimates, and compared adenoma and CRC prevalence following first sigmoidoscopy or colonoscopy, by HIV status. Adjusted prevalence ratios (PR) accounted for sex, age, race, smoking status, body mass index, and diagnosis of type 2 diabetes or inflammatory bowel disease.

Results. Among HIV-infected subjects, we also evaluated whether CD4 count (<200, 200–499, ≥500) was associated with screening outcome.

Conclusion. In a setting with overall high screening uptake, we found similar adenoma and CRC prevalence in individuals with and without HIV. Our findings suggest that current CRC screening guidelines for the general population are also suitable for the HIV population.

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