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Background:
Chronic hepatitis C virus (HCV) coinfection contributes increasingly to morbidity and mortality in HIV-infected persons since 1996. We calculated the proportion of patients eligible (never tested or previously negative) for testing for HCV coinfection and the prevalence of chronic or resolved HCV coinfection annually from 1996-2005 by gender, risk factor for HIV, and race/ethnicity in the HOPS, a prospective cohort study of HIV-infected patients. We standardized completeness based on the risk distribution of persons tested for HCV coinfection.

Methods:
Study Population: HIV Outpatient Study (HOPS)
All persons enrolled in HOPS for any period of time between January 1, 1996 and December 31, 2005

Prevalence = Number of patients with chronic or resolved HCV infection

Results:
The proportion of patients in the HOPS ever tested for HCV coinfection decreased by approximately 40% between 1996 and 2005

Objectives:
To determine whether and to what degree screening for HCV coinfection had changed from 1996 to 2005

Results:
To our knowledge, this is the first survey of prevalence of HCV infection among such a cohort in the United States

Next Steps:
How to account for the decline in prevalence of chronic HCV coinfection in future models

Conclusions:
Screening for HCV in the HOPS has improved substantially

References:

Centers for Disease Control and Prevention (CDC). Influenza, Atlanta, for the Center for AIDS Research, and other centers.

Results (continued):

Next Steps:
How to account for the decline in prevalence of chronic HCV coinfection in future models

References: