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Background: The COVID pandemic necessitated a shift to virtual care. We hypothesized there may be challenges for persons living with HIV who also have comorbidity, coinfection, addiction or mental health issues.

Objective: To describe the virtual care experience of a subset of participants from two established Canadian Trials Network (CTN) cohorts: CTN 222 (HIV/HCV coinfection, the COCO study) and CTN 314: CHANGE HIV- (cohort of persons > 65 years of age).

Methods: With written informed consent, participants in the above cohorts completed questionnaires reflecting their experience and satisfaction with virtual care and reported on laboratory testing and medication adherence. Self-reported demographic data, substance use, depression and recent data on CD4 count and viral load was also collected. We compared adherence using logistic regression, adjusting for clinical characteristics.

Results: A total of 454 participants completed the questionnaire between February 2021 and March 2023, including 133 from CTN 314 and 321 from CTN 222.

Overall, 55.3% engaged in virtual care, more in the aging cohort (Figure 1, top row). The most common reason for not engaging was that it was not offered (Figure 1, middle row). Of those who engaged, 55% reporting being very satisfied, 36.3% somewhat satisfied, and 8.8% not satisfied (Figure 2, top row).

Participants with a detectable HIV viral load were more likely to engage in virtual care (aOR: 2.43 [1.08, 5.48]). 81.3% of participants had HIV blood tests as frequently as before the COVID-19 pandemic (Figure 3).

Table 1: Baseline Participant Characteristics by Study Cohort

Characteristics	CTN222= Canadian Co-Infection Cohort	CTN314=CHANGE HIV
Total, N	321	133
Age		
Mean (SD)	45 (10)	70.58 (4.4)
Gender, n (%)		
Female	92 (28.7%)	11 (8.3%)
Male	229 (71.3%)	122 (91.7%)
Race, n (%)		
Caucasian	237 (73.8%)	105 (78.9%)
Aboriginal	55 (17.1%)	0 (0.0%)
Asian	4 (1.2%)	5 (3.8%)
Black	14 (4.4%)	10 (7.5%)
Hispanic	10 (3.1%)	5 (3.8%)
Income, n (%)		
<20K	29 (9.0%)	22 (16.5%)
20K-49.9K	210 (65.4%)	48 (36.1%)
50K-99.9K	32 (10.0%)	36 (27.1%)
>100K	13 (4.0%)	27 (20.3%)
Years with HIV		
Mean (SD)	22.45 (18.89)	25.94 (9.00)
Current Alcohol use, n (%)		
Yes	160 (49.8%)	74 (55.6%)
Current Marijuana use, n (%)		
Yes	172 (53.6%)	38 (28.6%)
Current Cocaine/heroin use, n (%)		
Yes	110 (34.3%)	0 (0.0%)
Current Opioid use, n (%)		
Yes	0 (0.0%)	8 (6.0%)
Current Use of Other injectable agents, n (%)		
Yes	18 (5.6%)	3 (2.3%)
Current Depression, n (%)		
Yes	137 (42.7%)	20 (15.0%)
HIV viral load		
>50 copies/ml	41 (12.8%)	1 (0.8%)
CD4 count/ mm3		
< 200	21 (6.5%)	4 (3.0%)
200 - 500	101 (31.5%)	55 (41.4%)
500+	159 (49.5%)	66 (49.6%)
Missing	40 (12.5%)	8 (6.0%)

Figure 1: Overall Virtual Care Experience

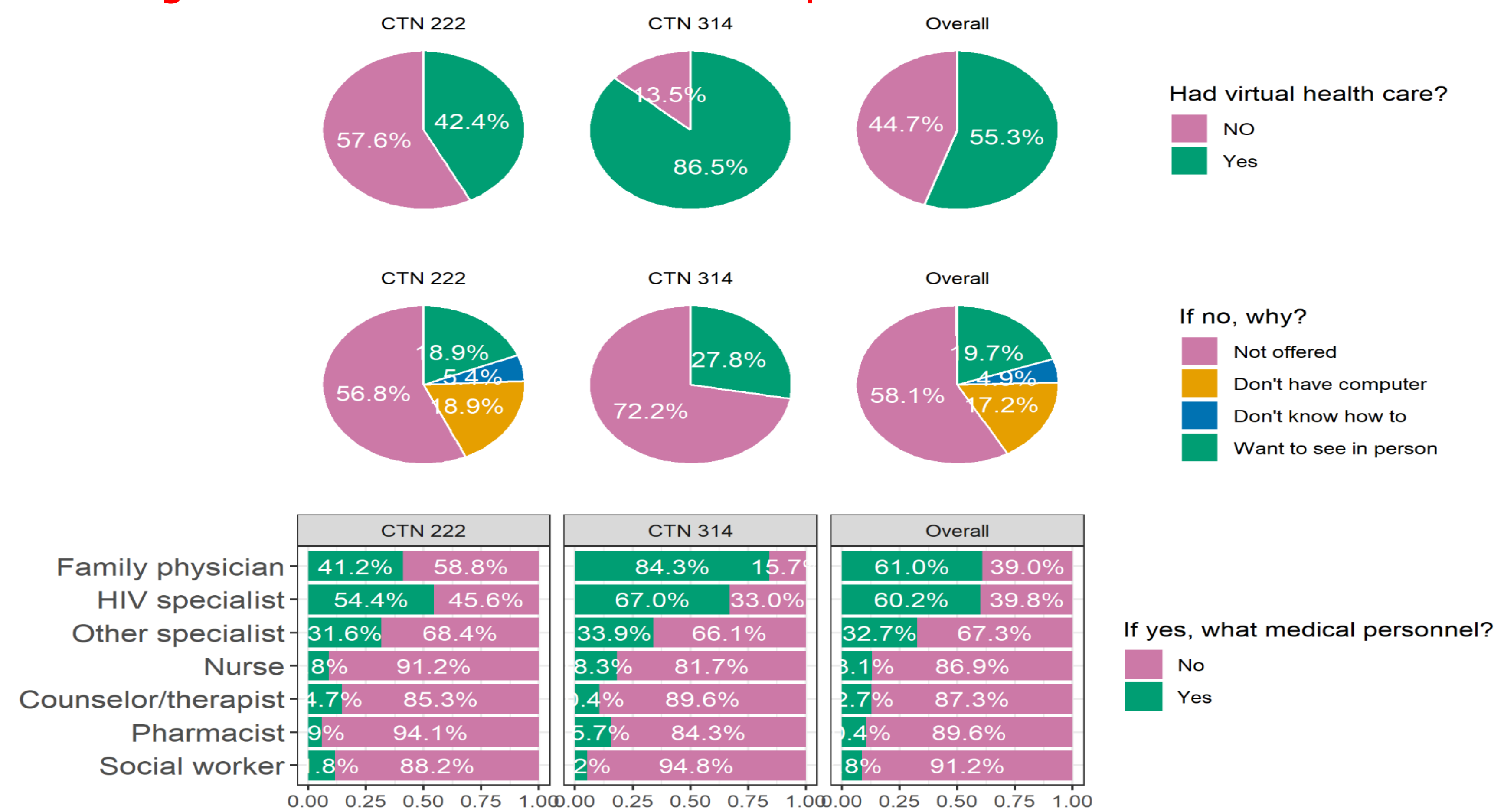


Figure 2: Satisfaction with virtual care

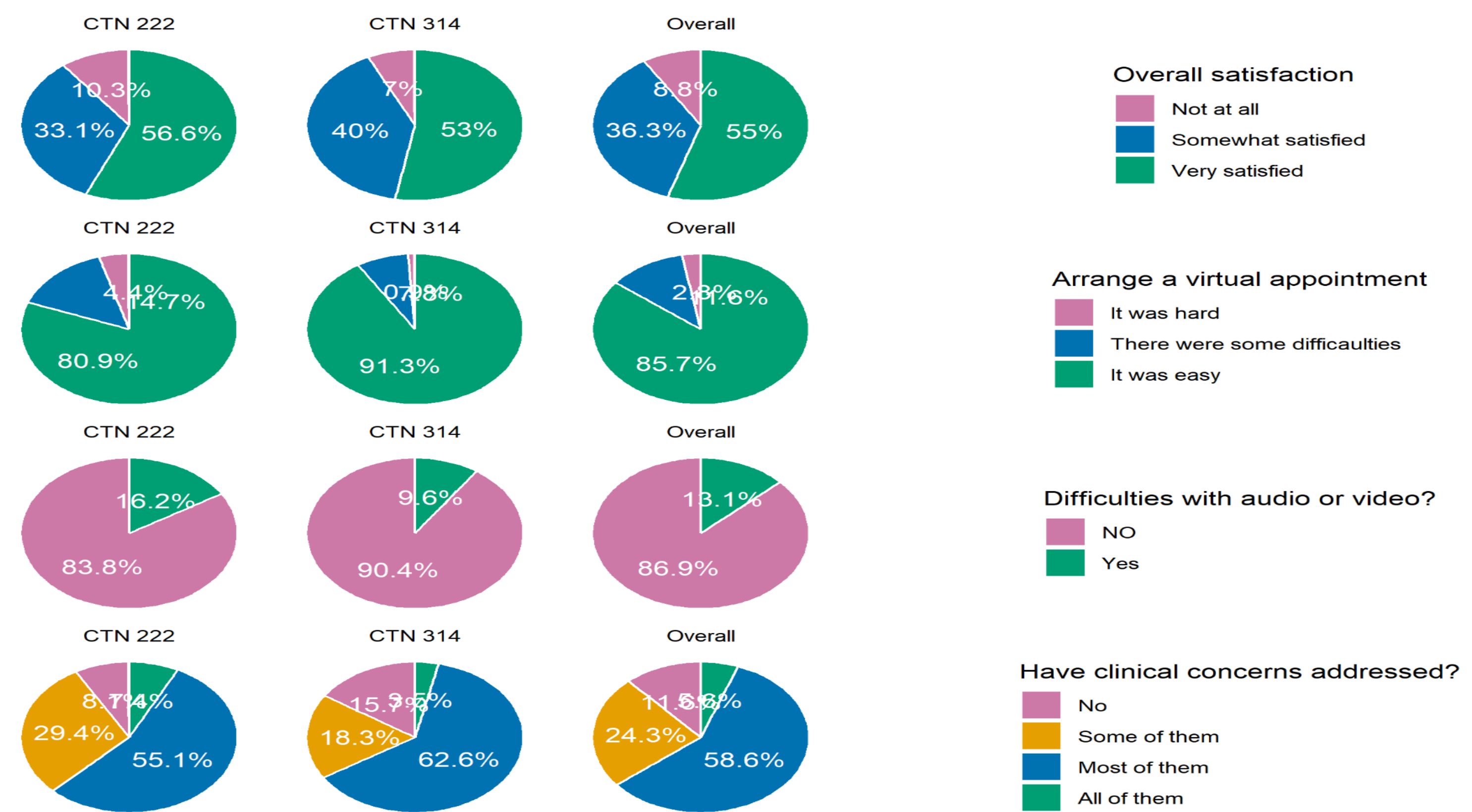
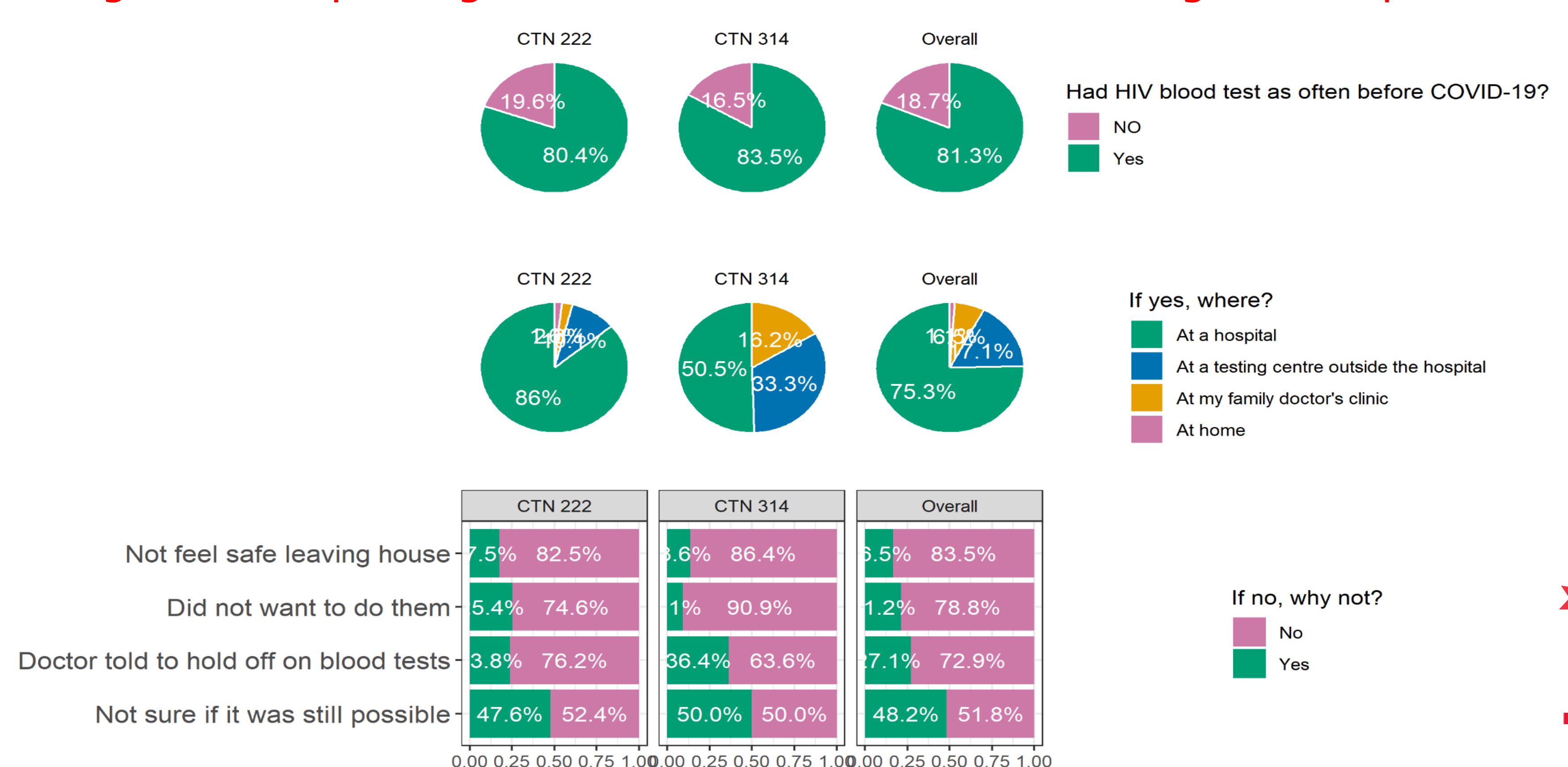


Figure 3: Reporting of routine HIV blood work during COVID pandemic



Conclusions

There were many challenges faced by those with HCV co-infection, drug use, age and comorbidity in accessing virtual care during the COVID pandemic

Despite the challenges most thought their needs were addressed

Virtual care needs to be tailored to the demographics, concurrent medical issues and needs of those living with HIV.

