ABSTRACT

In March 2016, we developed a program for HCV screening (HCV antibody with reflex qualitative RNA) and linkage to care at the Durham County Human Services Complex in Durham, NC.

Targeted HCV screening was based on birth cohort criteria, history of past or current intravenous drug use (IVDU) and other risk factors. HCV screening was conducted in the sexually transmitted infections (STI) sub-prevention, immunization, refugee, family planning, and maternal health clinics. HCV screening was also offered in the social services sub-lobby (4 days per month) to persons requesting testing.

An HCV Bridge Counselor program was co-located in the facility, providing HCV education and individualized case management to link HCV-infected persons to care, reconnect persons "not-in-care," and navigate services along the HCV care continuum (2).

The 80 facilitated referrals to specialists at local academic centers and primary care providers trained through the Carolina Hepatitis C Academic Mentorship Program (https://www.med.unc.edu/champ).

Demographic, risk factor data and HCV testing outcomes were analyzed in Excel. Clinical outcomes were abstracted using medical record reviews. The study was exempted by the UNC IRB.

METHODS

Over 24 months, 2769 unique individuals had targeted HCV screening, of which 142 (5.1%) were HCV antibody positive. The overall prevalence of chronic HCV infection among 1152 persons screened was 3.1%. However, only 49% were prescribed HCV treatment and the achievement of sustained virologic suppression (SVR) was 24%.

Among persons identified with chronic HCV infection, the median age was 48.5 (interquartile range [IQR]: 38.7-58.5); 53% were male, and 51% (38%) in African-American HCV-infected persons had multiple risk factors including past or current IVDU use (n=38, 45%), history of unlicensed tattoo/ear piercings (n=38, 45%), and/or past incarceration (n=35, 42%). No HIV co-infections were reported. The assessment of the care continuum demonstrated that the majority with chronic HCV infection received post-testing counseling (59%), met with the bridge counselor (70%) and attended their first medical appointment (74%). However, only 49% were prescribed HCV treatment and 24% achieved sustained virologic response.

OBJECTIVES

- The estimated 3.5 million people with hepatitis C virus (HCV) in the United States (US), only half are aware of their infections (1).
- North Carolina has a high incidence of acute HCV (Figure), and an estimated 117,000 chronic HCV infected persons.
- To increase access for high risk underserved populations, we leveraged an academic-public health partnership to promote HCV testing and linkage to care initiative in Durham, NC.
- We evaluated the HCV positivity rate, associated risk factors, and the care continuum among chronic HCV-infected persons in this population.

RESULTS

The care continuum for persons with chronic HCV with the assistance of an HCV Bridge Counselor demonstrated that 80% attended their first appointment and 42% completed HCV treatment.

LIMITATIONS

- Implementation of similar HCV programs may not be feasible depending on local resources and collaboration with HCV providers.
- We did not collect data on barriers contributing to the gaps along the care continuum; however, qualitative interviews among a sample of program participants and stakeholders have been conducted and are being analyzed.

CONCLUSIONS

- Academic–public health partnerships to facilitate HCV screening among underserved populations can identify a high proportion of chronic HCV infections, especially from STI clinics and social services programs serving high-risk individuals.
- Co-location of an HCV Bridge Counselor at the testing facility can lead to a high proportion of persons linked to their first appointment.
- Future research to improve HCV care among persons seeking public services should include barriers to prescribing and initiation of treatment and achieving SVR.

REFERENCES


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