Implementation of a Hepatitis C testing program in a network of Federally Qualified Health Centers: initial results of an Academic-Community partnership

Christian B. Ramers[1], Robert Lewis[1], Danelle Wallace[1], Letty Reyes[1], Alexander Kuo[2], David L. Wyles[3]
[1]Family Health Centers of San Diego, Special Populations, [2]UC San Diego Health Sciences, Hepatology and Liver Transplantation, [3]UC San Diego Health Sciences, Infectious Diseases

Background

Chronic Hepatitis C virus (HCV) is a major public health concern and the leading chronic viral cause of death in the United States. Some estimates suggest that less than 50% of those infected with HCV are aware of their infection. Community-based testing strategies are needed, but uncertainty exists surrounding the implementation of HCV testing, linkage to care, and treatment.

Methods

We conducted a rapid testing and linkage to care program at urban community health centers and alcohol/drug treatment programs. Tests were offered to those with risk factors for HCV infection or those falling within CDC's birth cohort recommendations. HIV test counselors were cross-trained on HCV testing and counseling. Demographic and risk-factor data was collected prospectively. Rapid HCV Antibody testing was followed by post-test counseling, phlebotomy for confirmatory viral load testing, and linkage to care.

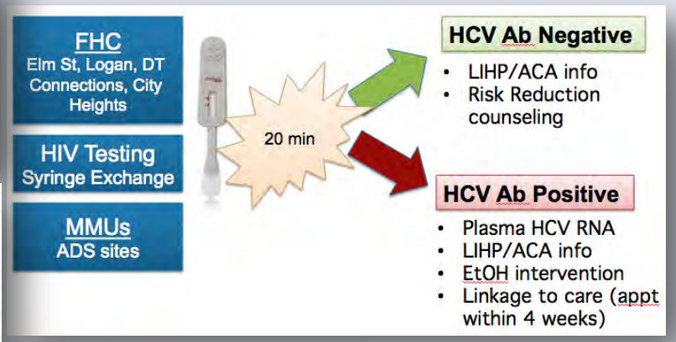


Elm Street Family Health Center



Downtown Family Health Center at Connections

Figure 1 – FHCSD HepCareConnect Rapid Testing Algorithm

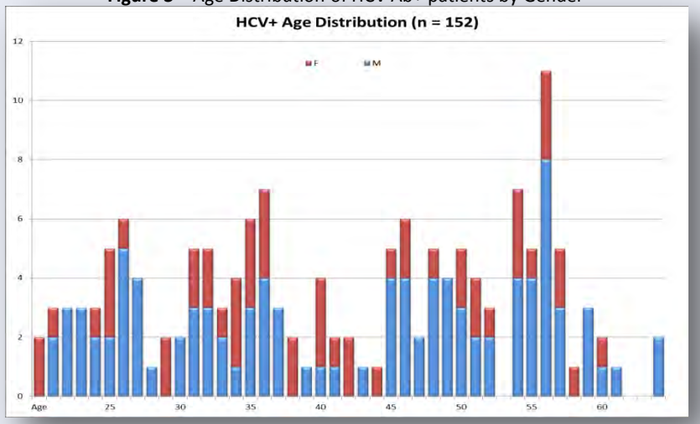






Figures 2a-d – FHCSD clinics and mobile unit: a) Elm St b) Downtown Connections c) Logan Heights d) Mobile Medical Unit

Figure 3 – Age Distribution of HCV Ab+ patients by Gender



Results

Between 4/23/13 and 11/27/13 we conducted 742 rapid tests at 3 clinic sites and 8 residential alcohol and drug treatment programs using our Mobile Medical Units. 152 rapid tests (20.5%) were positive. Of those patients with positive rapid HCV Ab tests, 14 (9.2%) did not have confirmatory testing performed. 138 patients had confirmatory viral loads drawn with 102 (73.9%) positive and 36 (26.0%) undetectable indicating resolved infection. Of the 152 HCV Ab positive patients, 99 (65.1%) were male and only 58 (38.2%) fell within the 'baby boomer' birth cohort with birth year between 1945-1965. 131 (86.1%) disclosed a prior history of injection drug use, with 85 (55.9%) admitting IV drug use within 12 months. The median age was 41.5 (range 20-72). Only 52 of 152 (34.2%) had medical insurance, and of these, all but 7 were publicly funded (Medicaid or Low Income Health Plan). Overall, 111 (73%) were linked to care and four have started treatment. Many additional patients are in the process of obtaining insurance and are being prepared for emerging, better tolerated treatments.

Figures 4a-c – Rates of + HCV rapid tests overall and by site

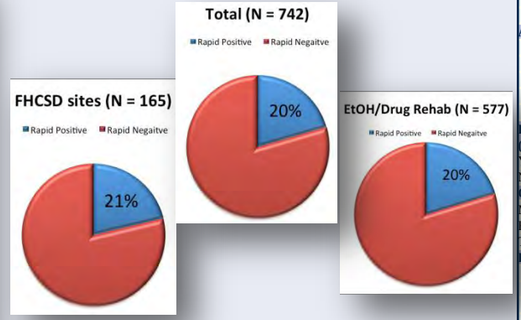


Figure 5 – HCV Care Cascade (modeled after Gardner et al)

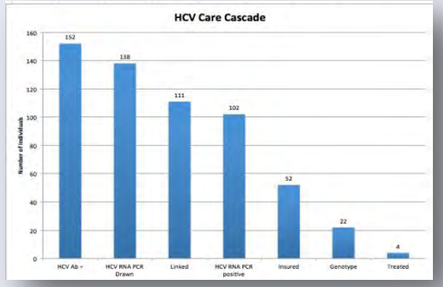


Table 1. Sociodemographic Characteristics of Participants: HCV Positive Patients (N = 152)

	N	%
Age		
20-29	32	21.1%
30-39	38	25.0%
40-49	32	21.1%
50-59	44	28.9%
≥ 60	6	3.9%
Baby Boomer (born 1945-1965)		
Yes	58	38.2%
No	94	61.8%
Gender		
Male	99	65.1%
Female	51	33.6%
Transgender	2	1.3%
Education		
< High school	42	27.6%
High school	46	30.3%
Some college	21	13.8%
College/Post graduate	7	4.6%
Unknown	36	23.7%
Marital status		
Married/cohabitating	19	12.5%
Single	105	69.1%
Divorced/separated/widowed	20	13.2%
Unknown	8	5.3%
Race		
White	103	67.8%
Black/African American	17	11.2%
Multi-racial	15	9.9%
Other	17	11.2%
Ethnicity		
Hispanic/Latino	62	40.8%
Non-Hispanic/Latino	84	55.3%
Unknown	6	3.9%
Insurance Status		
Insured	52	34.2%
Uninsured	100	65.8%

Conclusions

This demonstration project reports a very high sero-prevalence of HCV in San Diego's urban community health centers and alcohol and drug rehabilitation centers. Many patients had HCV exposure without chronic infection, and most reported prior or recent injection drug use. Only one third of all HCV Ab positive patients had insurance at the time of testing, and of those who were insured, their plans would generally not cover HCV treatment. Few patients began therapy. Stigma, denial, lack of healthcare insurance, and lack of coverage for HCV treatment are significant obstacles to the effort to address the HCV epidemic.

This poster was supported by the Centers for Disease Control and Prevention (Funding Opportunity Announcement- (FOA) Number FS12-1209FFHP12; Award number: U51PS003924-01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention