# Determining Hepatitis C Virus (HCV) Reactivity for Baby Boomers Screened at Community Based Organizations

## Background

- The New York State Department of Health (NYSDOH) AIDS Institute (AI) provides free HCV rapid screening tests to community based organizations (CBOs) serving high risk, underinsured individuals.
- Most individuals infected with HCV do not know they are infected. The purpose of the NYSDOH AI HCV Screening Program is to identify HCV antibody reactive individuals who are unaware of their status and refer them for HCV diagnostic testing, care and treatment.
- The Centers for Disease Control and Prevention recommends HCV testing at least once for all adults born between 1945 and 1965 (baby boomers). 75% of adults infected with HCV were born between 1945 and 1965.<sup>1</sup>
- The NYS HCV Testing Law took effect in January 2014 mandating the offer of HCV screening to all birth cohort patients receiving out patient primary care services or in patient hospital care.
- In 2014, CBOs receiving free test kits from the HCV Rapid Screening Program conducted 3867 tests, identifying 394 HCV antibody reactive individuals for a 10% seroreactivity rate.
- CBOs are defined as syringe exchange programs, local health departments, community health centers, AIDS service organizations, hospital based clinics, and agencies conducting outreach testing.
- Aggregate data is available for all tests, client level data is available for all reactive individuals. For agencies using the AIDS Institute Reporting System (AIRS) client level data is reported for both non-reactive and reactive individuals, 1405 (35%) tests. This analysis looks at the subset of tests reported in AIRS.

# Objective

• To determine HCV antibody reactivity among baby boomers testing in community based organizations who report no additional risks.

# Methods

- Program data was collected from all screening sites on the number of individuals screened, the numbers of individuals with HCV reactive antibody results, and the reported risks.
- Reported risks were analyzed for all tests reported in AIRS to identify the number of individuals in the birth cohort.
- Tests results were analyzed to determine the number of baby boomers with HCV antibody reactive test results.
- The seroreactivity rates for baby boomers were analyzed based on additional risks.
- The number of HCV antibody reactive baby boomers with no additional risks were compared to the number of HCV antibody reactive baby boomers with additional risks to determine the likelihood of CBOs identifying HCV antibody reactive baby boomers with no additional risks.

References

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Haseltine, M., Weir, B., Pendergast, J., Flanigan, C. New York State Department of Health, AIDS Institute

### Results



### **Baby Boomers Tested**

Risk	All HCV Rapid Tests (n=1405)	Reactive Test Results Only (n=243)	Positivity Rate for Identified Risk Factors
h Cohort as an Identified Risk Factor	409	86	21.03%
Cohort with no additional risks listed	114	5	<u>4.39%</u>
th Cohort & At Least One Other Risk	295	81	27.46%



- 45 community based organizations reported data in 2014, 16 agencies reported 1405 tests in AIRS.
- Out of 1405 tests with client level data, 243 (17%) tests reported were HCV antibody reactive.
- 409 (29%) individuals screened identified the birth cohort as at least one of their risks, with 114 (8%) identifying the birth cohort as their sole risk.
- Out of 114 baby boomers reporting no additional risk, 5 (4.4%) tested HCV antibody reactive.
- Baby boomers with additional risks had greater reactivity-baby boomer and IDU (56%), baby boomer and household contact with HCV infected individual (53%), baby boomer and sex with HCV infected person (29%) and baby boomer and tattoo (29%).
- Overall, individuals who listed baby boomer as a risk had a reactivity rate of 21%.

## Conclusions

- Baby boomers represent a large proportion of persons undiagnosed with HCV.
- Community based organizations offering free HCV rapid testing serve as an important venue for high risk baby boomers to be tested for HCV.
- Community based organizations do not appear to be effective venues for identifying baby boomers reporting no additional risks.

### Limitations

• Risks are self-reported.

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Long term

• Client level data on non-reactives is limited to only those agencies reporting in AIRS (35%).

### Contact

Megan Haseltine, LMSW AIDS Institute, New York State Department of Health Megan.Haseltine@health.ny.gov

Beth Weir, RN AIDS Institute, New York State Department of Health Beth.weir@health.ny.gov

<sup>1.</sup> Centers for Disease Control and Prevention. Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965. MMWR 2012;61(No.4).