

# Hepatitis C Birth-Cohort Testing and Linkage to Care, Selected U.S Sites, 2012-2014

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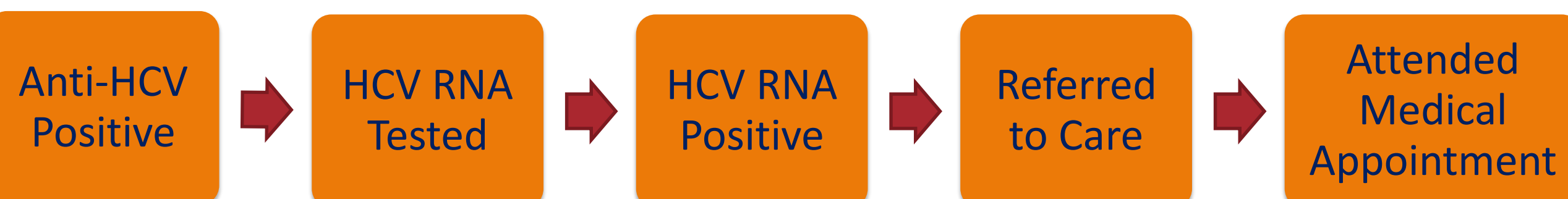
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## Objectives

- Describe HCV infection prevalence and demographics of persons participating in the Hepatitis Testing and Linkage to Care (HepTLC) project
- Report outcomes along the HCV testing-to-care continuum
- Identify strategies that facilitated entry into care for those who were chronically infected

## Methods

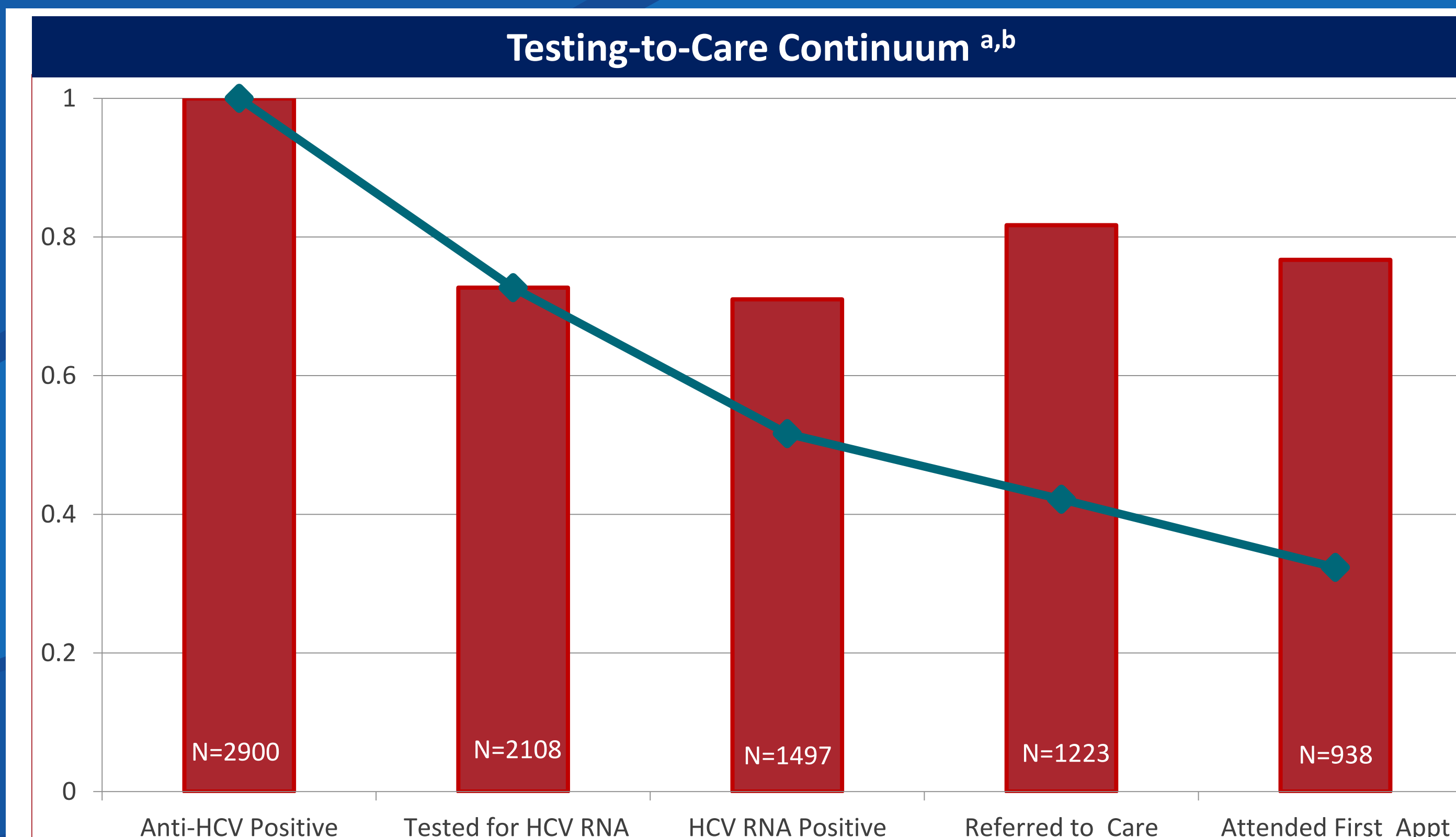
- All participants reporting a birth-year from 1945-1965 were tested for anti-HCV at 104 testing sites across 15 U.S cities from 2012-2014.
- We report anti-HCV prevalence by demographic characteristics
- The HCV testing-to-care continuum was evaluated using the following indicators:



- We compared the proportion of anti-HCV positives that were tested for HCV RNA the same day as an anti-HCV positive test with the proportion of anti-HCV positives that were tested for HCV RNA any day after the initial anti-HCV positive test.
- Passive and assisted linkage to care methods were evaluated by comparing the proportion of individuals with chronic HCV infection that attended a first medical appointment. Staff either scheduled an appointment (assisted linkage) or simply referred (passive linkage) persons with chronic HCV to care.

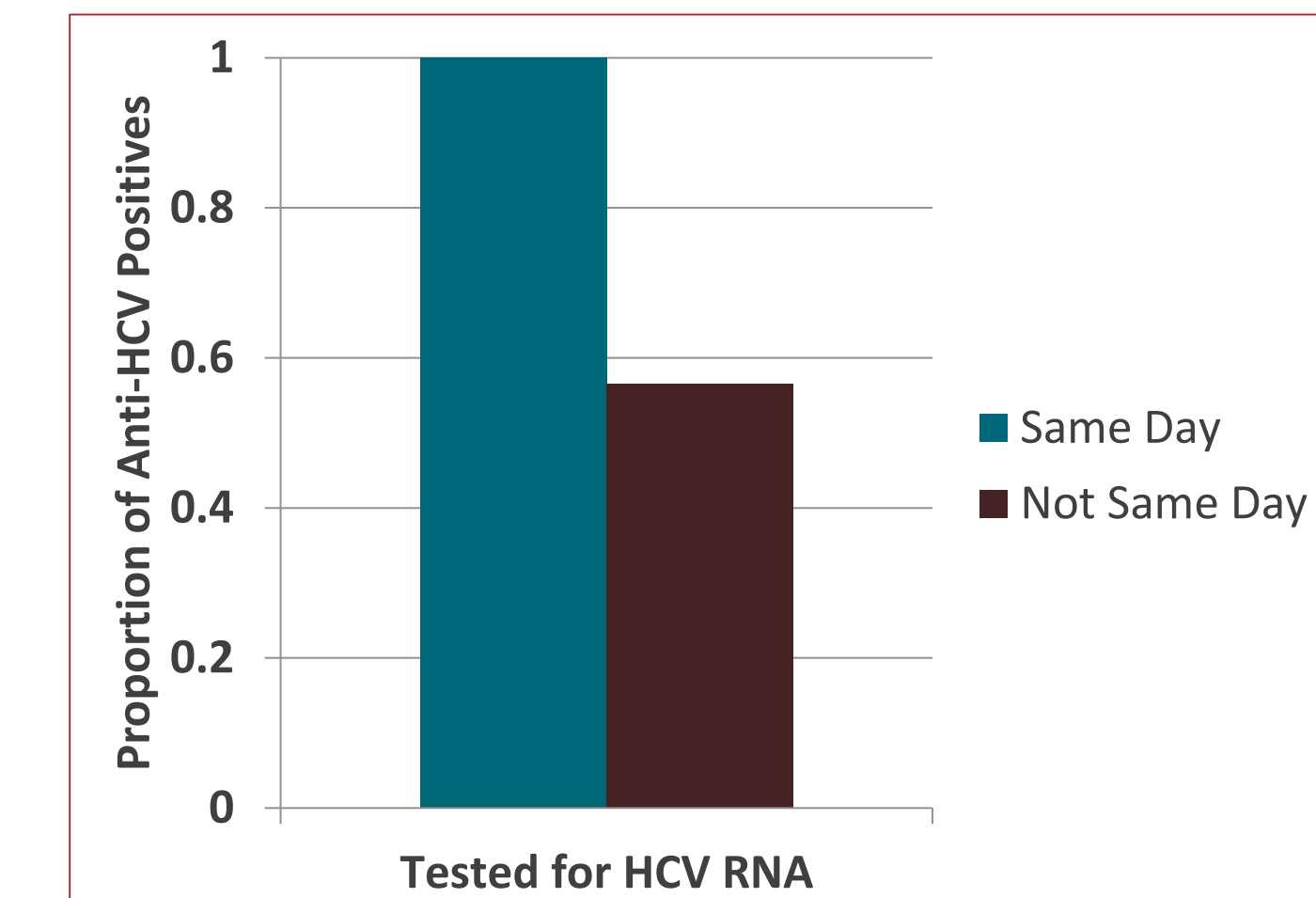
## Results

| Birth-Cohort Testing in the HepTLC Project, 2012-2014 |                                |                               |
|---|--------------------------------|-------------------------------|
|   | Tested Population (N = 24,966) | Anti-HCV Positive (N = 2,900) |
| <b>Gender</b>   | N (%)                          | N (%)                         |
| Male  | 12130 (48.6)                   | 2073 (17.1)                   |
| Female  | 12827 (51.4)                   | 826 (6.4)                     |
| <b>Race-Ethnicity</b>                                 |                                |                               |
| Non-Hispanic white                                    | 4128 (16.5)                    | 452 (10.9)                    |
| Non-Hispanic black                                    | 12202 (48.9)                   | 1701 (13.9)                   |
| Hispanic/Latino                                       | 6926 (27.7)                    | 557 (8.0)                     |
| <b>Health Insurance</b>                               |                                |                               |
| No Insurance  | 8412 (33.7)                    | 810 (9.6)                     |
| Public Insurance                                      | 11652 (46.7)                   | 1869 (16.0)                   |
| Private Insurance                                     | 4213 (16.9)                    | 148 (3.5)                     |

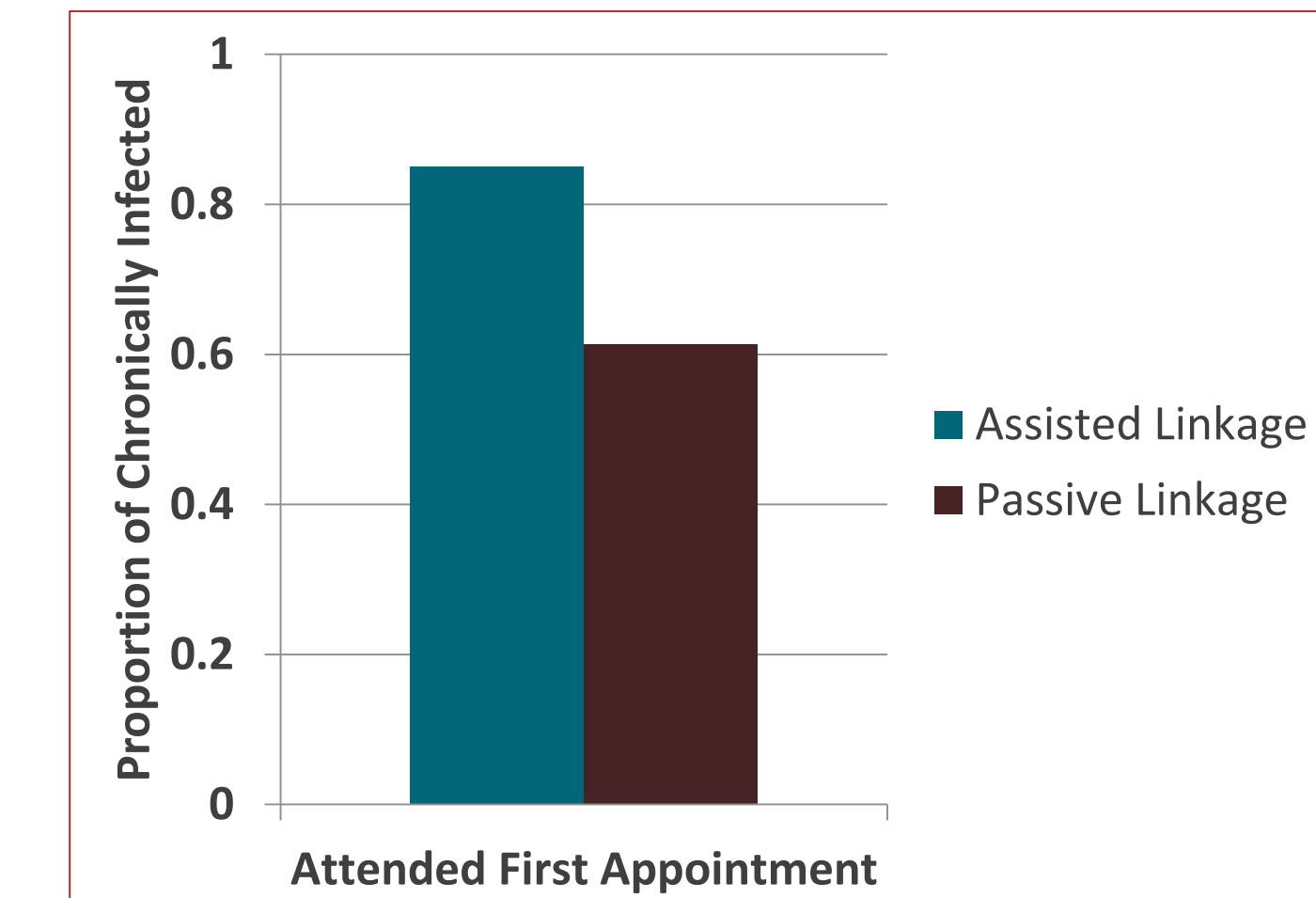


<sup>a</sup> Line graph represents the proportion of all anti-HCV positive persons that completed each step of the testing-to-care continuum  
<sup>b</sup> Bar graph represents the proportion of persons that complete each successive step of the testing-to-care continuum; the total number of persons that completed each step of the continuum (numerator) was divided by the total number of persons that completed the previous step (denominator)

- Only 57.1% of persons that did not receive same-day testing were subsequently tested for HCV RNA



- A greater proportion of chronically infected persons were linked to care through assisted methods than through passive methods



## Conclusions

- Birth-cohort testing identified 2,900 (11.6% anti-HCV prevalence) anti-HCV positive persons without the need to solicit HCV risk information.
- Providers need to improve follow up HCV RNA testing and linkage to care for chronically infected persons.
- Strategies need to be designed and evaluated to improve outcomes at each step of the testing-to-care continuum.

## Contact Information

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