



**Department
of Health**

Determining Hepatitis C Virus Reactivity for Baby Boomers Screened at Community Based Organizations

Haseltine, M., Weir, B., Pendergast, J., Flanigan, C.

June 11, 2015

Background, Objective, & Methods

-NYSDOH provides free HCV rapid kits to community based organizations (CBOs) within NYS serving high risk, underinsured populations.

-In 2014, participating CBOs conducted 3867 tests, identifying 394 antibody reactive individuals. Aggregate data is available for all tests. Client level data is available for 1405 tests (35%).

Objective: To determine HCV antibody reactivity among baby boomers (Bb) testing in CBOs who report no additional risks.

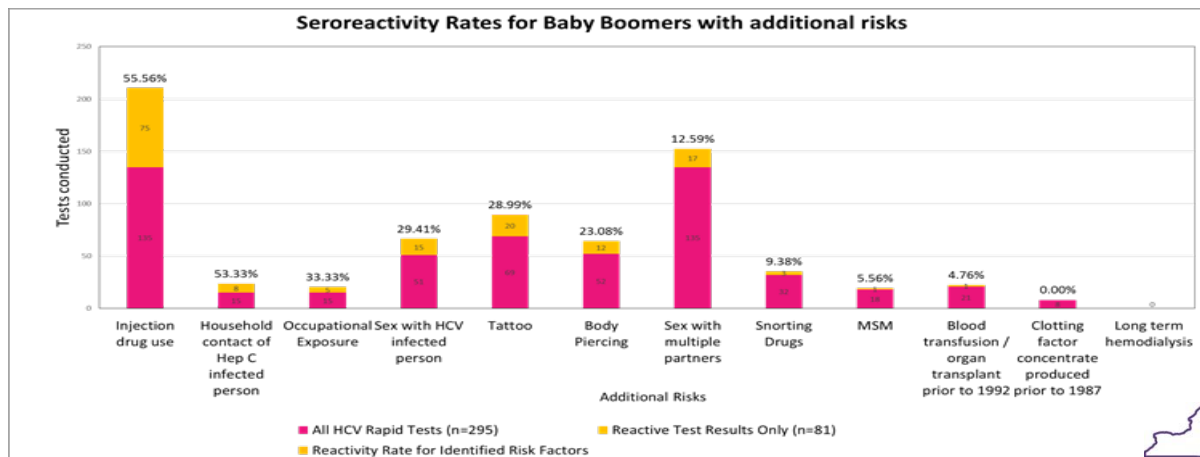
-Reported risks were analyzed to determine the number of individuals in birth cohort. Test results were analyzed to determine how many reactives were Bb. Reactive Bb were analyzed based on other reported risks. Bb with no additional risks were compared to Bb with additional risks.



Results

Baby Boomers Tested

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



Results contd. & Conclusions

– Results

- 45 CBOs reported data, 16 agencies reported 1405 tests by client level.
- Out of 1405 tests, 243 were reactive.
- 409 (29%) 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 Bb reporting no additional risk, 5 (4.4%) tested HCV antibody reactive.
- Bb with additional risks had greater reactivity—Bb and IDU (56%), Bb and sex with an HCV infected person (29%), and Bb and tattoo (29%).
- Overall, individuals who listed Bb as a risk had a reactivity rate of 21%.

– Conclusions

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

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