

NON-RISK BASED HCV SCREENING AMONG BABY BOOMERS IN SURVEILLANCE- IDENTIFIED HIV RISK AREAS

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Funding: District of Columbia Developmental Center for AIDS Research (DC D-CFAR) P30AI087714

Background

- ❑ 2.7 million people infected with HCV in United States
 - ❑ 50% of HCV-infected persons unaware of their infection
- ❑ In 2012 CDC recommended Birth Cohort (born 1945-65) testing
- ❑ ~15,915 chronic HCV cases in Washington, DC but likely underestimated
 - ❑ HCV surveillance data are limited
- ❑ 2.5% HIV prevalence in Washington, DC
 - ❑ HIV surveillance data more complete and may be used to identify potential geographical areas for HIV screening and linkage to care
- ❑ Common HIV/HCV transmission risks

- ❑ Objective
 - ❑ To examine feasibility of using HIV surveillance data to target non-risk based community HCV testing of baby boomers

Methods (1): Selection of Targeted Testing Areas

- A statistical algorithm calculated using routinely reported DC DOH HIV surveillance data using the following care indicators at the census tract (CT)-level:
 - ▣ Monitored HIV viral load (lab reports)
 - ▣ Proportion of persons out of HIV care
 - ▣ Proportion of persons never in HIV care
- 12 census tracts with $\geq 1\%$ HIV prevalence and poorest care indicators selected for community-based HCV screening of baby boomers

Methods (2): Recruitment and community-based HCV screening

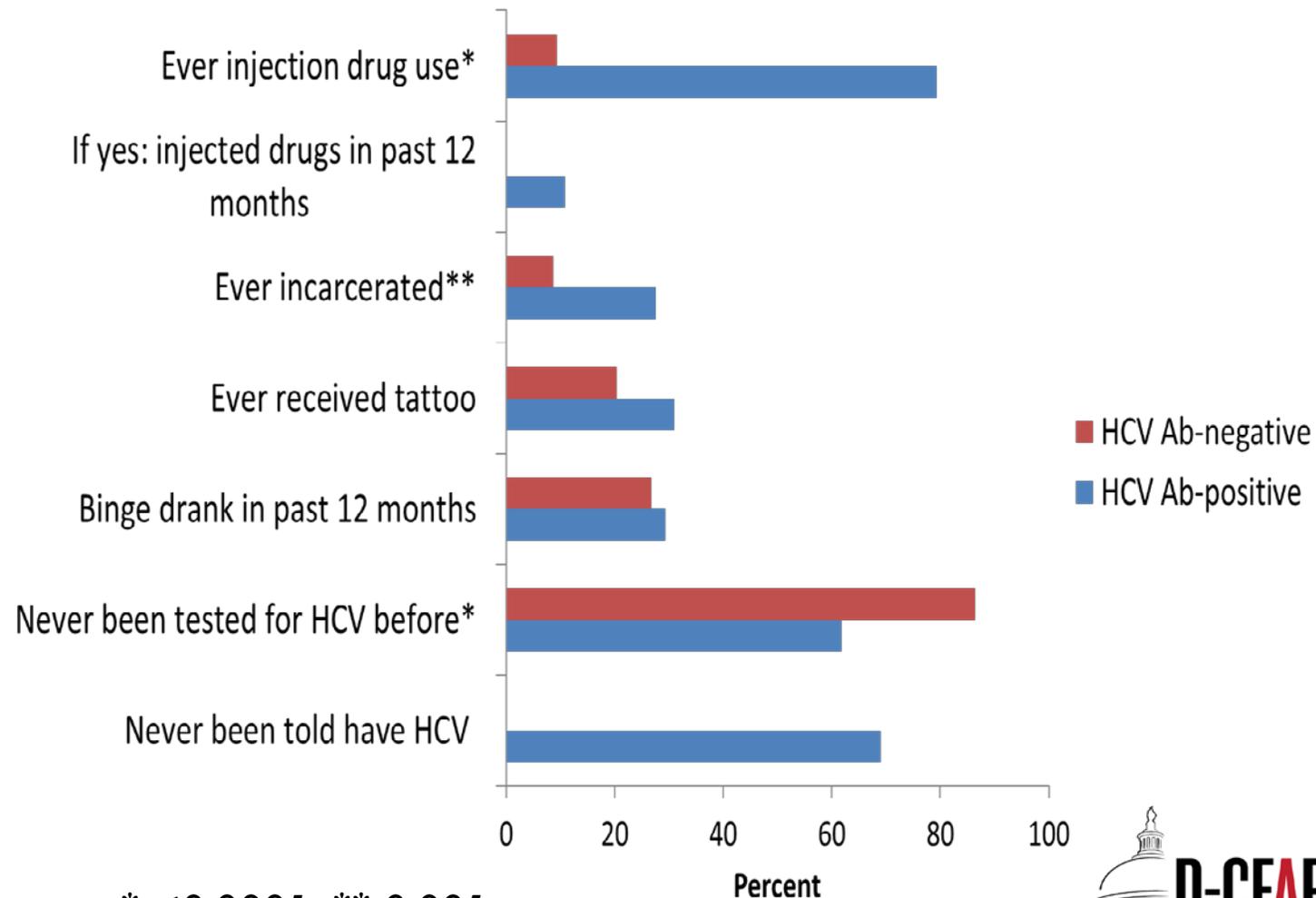
- Partnered with local community-based organization for street-based community HCV screening between Aug-Sept 2014.
- Eligibility included:
 - born between 1945-65 (“baby boomer”); and
 - not currently receiving care for HCV
- Behavioral interviewer-administered survey
- OraQuick Rapid HCV Antibody Test
 - If seropositive, blood draw for HCV RNA testing



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Results: Participant Characteristics and Testing History of Baby Boomers Screened

- Of 196 screened:
 - 94% Black/African-Amer.
 - Mean age 56 years old
 - 74% male
 - 73% public insurance
- 58 (30%) were HCVAb+
 - 62% never been tested
 - 69% newly identified
 - Of 46 w/ injection hx, 5 were currently injecting
 - 29/31 (93%) were HCV RNA+
 - Only 22% had medical home



* <0.0001; ** 0.001

Conclusions

- ❑ Targeted, non-risk-based community HCV testing using HIV surveillance data was
 - ❑ Feasible
 - ❑ Yielded a high HCV seroprevalence
 - ❑ Identified a large number of newly identified/out of care HCV+ baby boomers
- ❑ A high proportion had never been HCV tested, suggesting this testing paradigm may be effective in reaching individuals potentially at high risk for HCV in a community-based setting.
- ❑ Of those confirmed, nearly all were actively infected, underscoring the need for an effective referral mechanism to HCV evaluation and care

Acknowledgements

- ▣ Funded by the Institute on Allergy and Infectious Diseases District of Columbia Developmental Center for AIDS Research (DC D-FAR) P30AI087714.
- ▣ We also thank the staff at Community Education Group for their assistance and all study participants for their participation in the study.

