



Public Health

Expanded Testing for Hepatitis C Virus Infection in a Public Health Department and Linkage to Care in Durham, North Carolina

Arlene Sena, MD, MPH¹; Alison Hilton, MPH²; Andrew Muir, MD³,
Christopher Hurt, MD¹ and David A. Wohl, MD¹

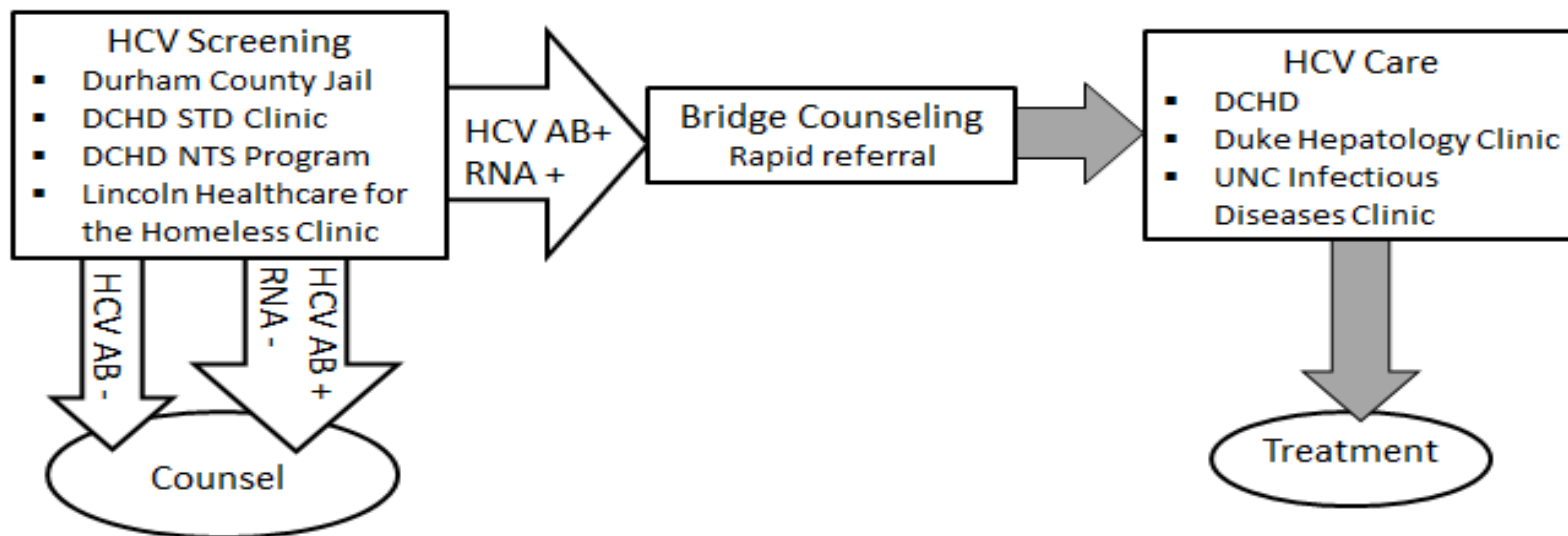
¹University of North Carolina at Chapel Hill, Chapel Hill, NC, ²Durham County Department
of Public Health, Durham, NC; ³Duke University Medical Center, Durham, NC

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Background and Methods

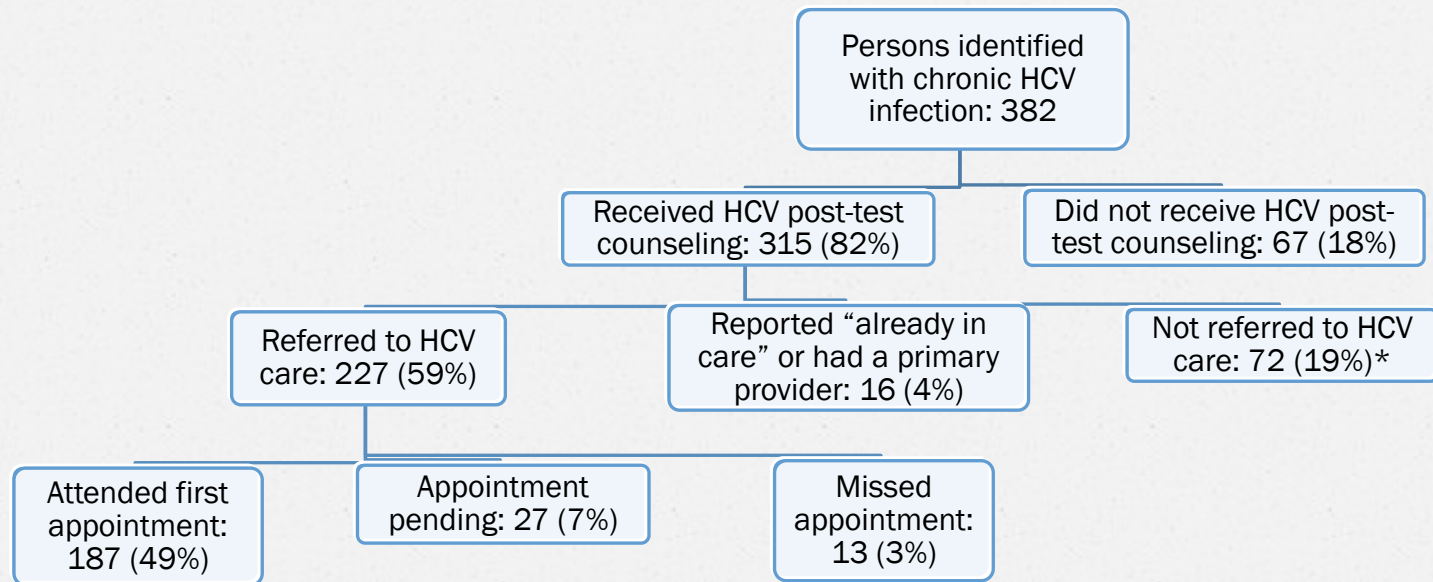
- In 2013, North Carolina (NC) reported 79 cases of acute hepatitis C (HCV); chronic HCV is not reportable and HCV screening not routinely offered through public health.
- In December 2012, Durham County Department of Public Health (DCHD) initiated HCV testing and linkage to care program. Key components included:
 - Targeted or universal opt-out HCV antibody with reflex HCV RNA testing
 - HCV “Bridge Counselor” to assist with linkage to care
 - On-site HCV assessment clinics (Year 2)



HCV Testing Results

| Testing Facility | Total Tests | HCV Antibody Positive | HCV Antibody Positive/RNA Positive | HCV Antibody Negative |
|-------------------------|-------------|-----------------------|------------------------------------|-----------------------|
| County Jail | 699 | 87 (12%) | 71 (10%) | 612 (88%) |
| STD Clinic | 773 | 110 (14%) | 82 (10%) | 662 (86%) |
| Community Testing Sites | 1418 | 272 (19%) | 210 (15%) | 1146 (81%) |
| Homeless Clinic | 113 | 32 (28%) | 27 (24%) | 81 (72%) |
| Total | 3003 | 501 (17%) | 390 (13%) | 2501 (83%) |

Results and Conclusions



- Reasons for not being referred for HCV care: incarceration (n=16), relocation (n=16), refusal of linkage services (n=6), loss to follow-up/could not be located (n=25), or other (n=9).

- At the local public health level, existing programs and provider networks can be leveraged to expand HCV testing and facilitate linkage to care.
- Despite HCV Bridge Counselor and on-site HCV clinics, only 49% of persons with chronic HCV infection were linked to care; therefore, additional strategies are needed to improve HCV linkage services.