

# Current Practices of Hepatitis C Antibody Testing and Follow-up Evaluation in Primary Care Settings

**National Summit on HIV and Viral Hepatitis Diagnosis, Prevention and Access to Care**  
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# Overview

- Interested in hepatitis C virus (HCV) testing under 1998 guidelines
  - Possible exposure to HCV
    - intravenous drug use,
    - recipients of transfusions prior to 1992,
    - received clotting factors,
    - those on hemodialysis,
    - children born to HCV infected mothers
  - Those with possible clinical indicators of disease
    - elevated liver enzyme tests
  - Those with high consequence of disease
    - HIV

## Overview (Cont)

- Collected 5 years of retrospective data from 4 primary care clinical centers
  - New entry to the system
  - No previous HCV diagnosis
  - Ages 18 and older
- Collected information
  - Patient characteristics,
  - Indications for testing,
  - HCV testing

# Research Questions

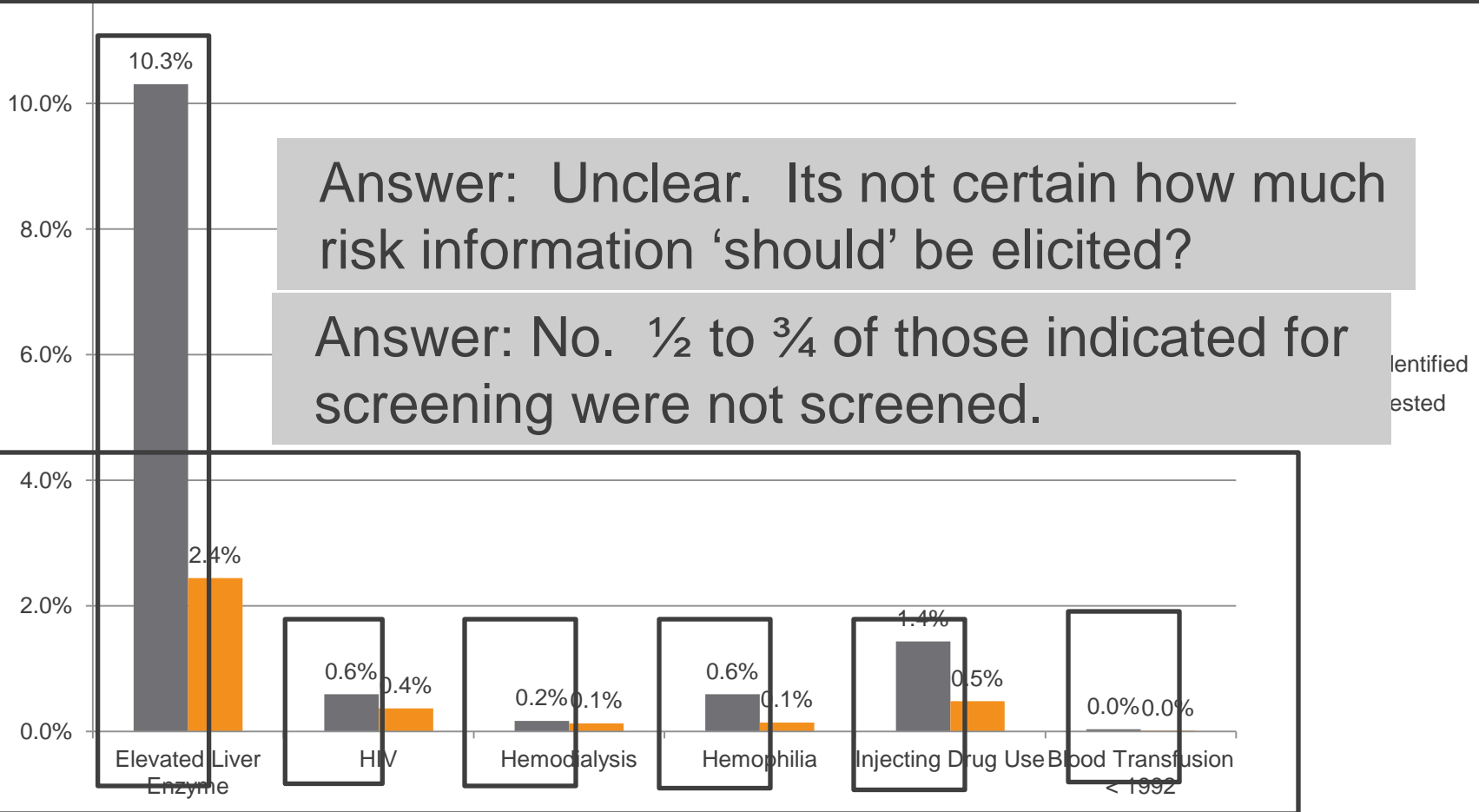
- Do physicians elicit the risk information needed to perform the 1998 guidelines?
- When risk information is elicited, are patients tested for HCV?
- When patients are tested for HCV, does the testing yield new cases of HCV?
- Controlling for confounding variables, are individuals with risk indications for testing more likely to be tested?

# Do physicians elicit the risk information

## When risk information is elicited, are patients tested for HCV?

Answer: Unclear. Its not certain how much risk information 'should' be elicited?

Answer: No.  $\frac{1}{2}$  to  $\frac{3}{4}$  of those indicated for screening were not screened.



# When patients are tested for HCV, does the testing yield new cases of HCV?

- Answer: Yes
- Of those tested
  - 22.6% of those with risk information who were tested were positive
  - 8.7% of those with elevated ALT who were tested were positive
  - 1.9% of those with no documented risk for HCV were positive

# Are individuals with risk indications for testing more likely to be tested?

- Answer: Yes
- Cox Proportional Hazard Model, controlling for gender, birth cohort, marital status, race/ethnicity, income, site of data collection, insurance, months of enrollment.

Variable	Hazard Ratio	P Value
HIV positive	6.8	<.0001
Transfusion before 1992	1.18	0.42
Elevated ALT	4.5	<.0001
Elevated AST	2.0	<.0001
Injecting Drug Use	2.6	<.0001
Hemodialysis	4.4	<.0001
Hemophilia	1.6	<.0001

# Conclusions

- Some patient records contained information indicating them for testing.
- Patients indicated for testing were not routinely tested. Although tested more frequently than those without indications.
- Those who were tested had a high prevalence of HCV.
- 1998 guidelines likely would be effective if implemented. They are not being implemented even when indications for testing are apparent.



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Thank You!

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