

# IDENTIFICATION OF HCV AND LINKAGE TO CARE FROM A DETOXIFICATION UNIT

– A NOVEL STRATEGY FOR HCV MICRO-ELIMINATION

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## Introduction

-2.5 million people in the United States are living with hepatitis C (HCV)<sup>1</sup> with 80% of new infections occurring among People Who Inject Drugs (PWID)<sup>2</sup>.

-Rates of acute HCV among people age 18-29 have increased 400%<sup>2</sup>.

-Despite being disproportionately affected by HCV, treatment uptake among this population remains low.

-World Health Organization's target to eliminate HCV by 2030 improved screening.

-To accomplish this, linkage to care and treatment among PWID is essential

-This study describes the efficacy of screening and linkage to care from an opiate detoxification setting.

## Methods

-All patients admitted to the detox unit are screened for HCV with reflex testing.

-A positive result triggers a real time notification to the social work team embedded in our hepatology clinic as well as a consult from the addiction medicine/hepatology specialist.

-Patients are evaluated prior to discharge from the hospital.

-Baseline HCV workup as well as medication-assisted treatment (MAT), for opiate dependency are offered at the time of the evaluation.

-Early evaluation for HCV while inpatient and co-localization of services was proposed to increase treatment uptake both for HCV and opiate dependency.

(Figure A)

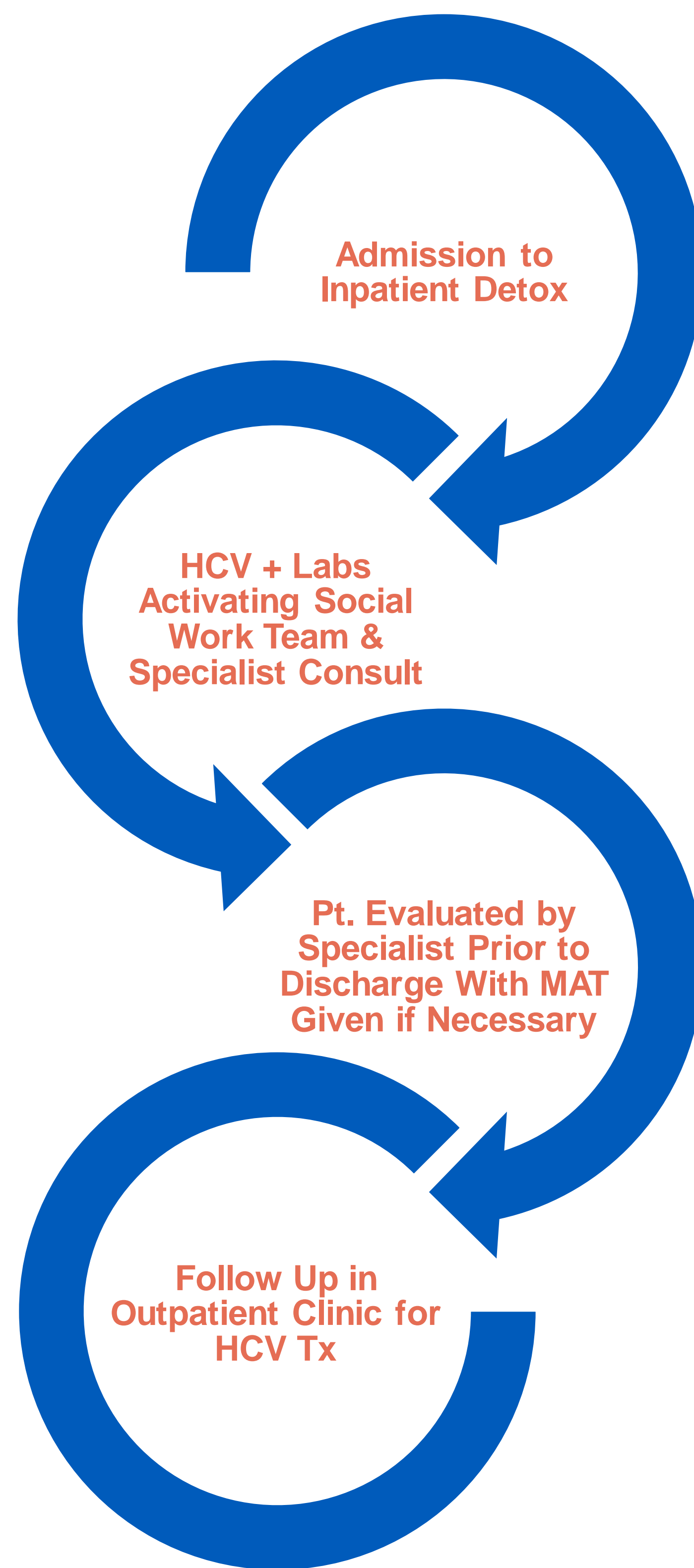


Figure A: Flowchart of Detox Triggered Linkage

## Intervention Population by Intervention

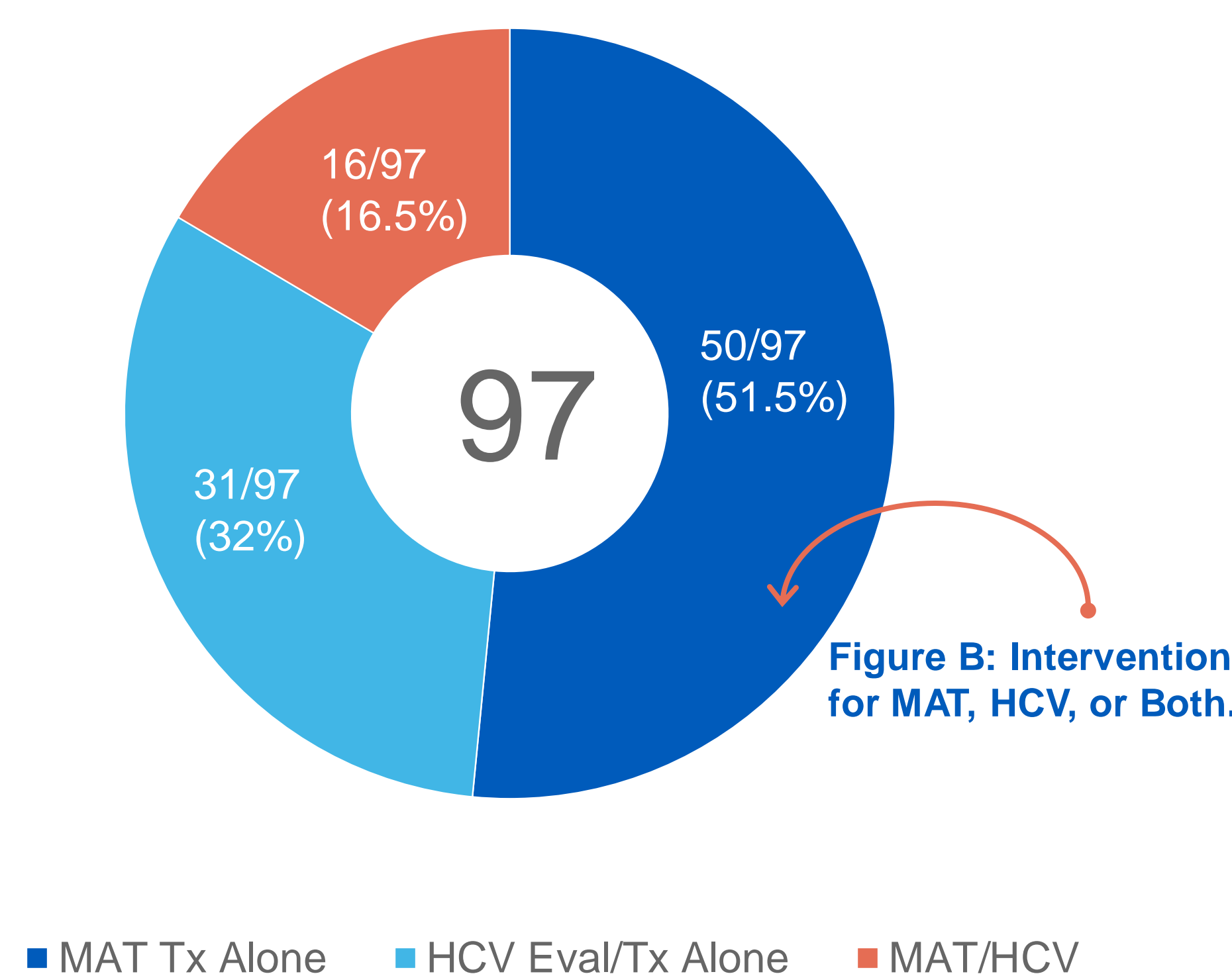


Figure B: Intervention for MAT, HCV, or Both.

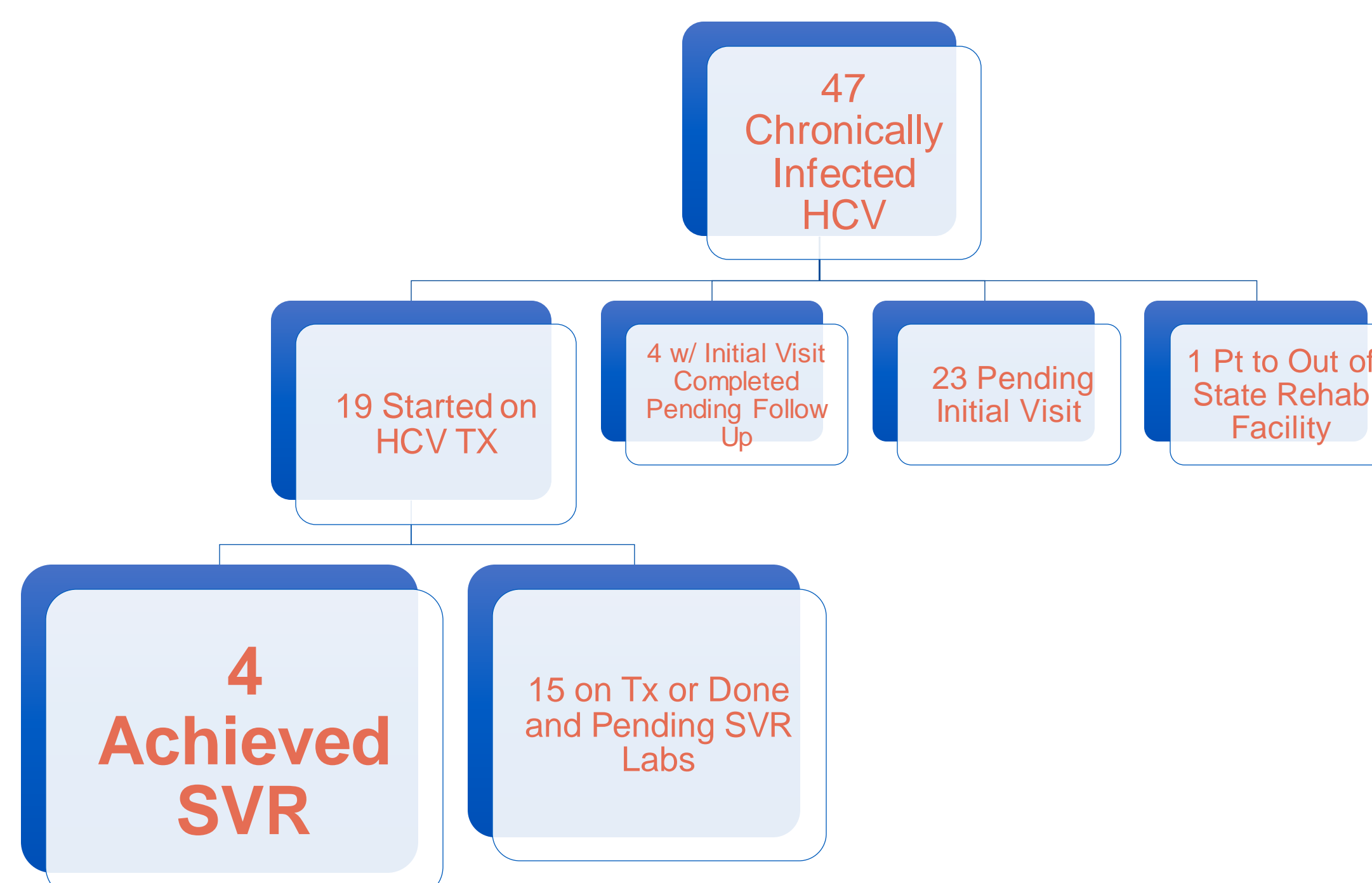


Figure C: Flowchart of HCV Infected Patients

## Results

-From October 2018 to July 2019, 97 patients admitted to inpatient detox were linked for either MAT alone (50), HCV evaluation alone (31), or both MAT / HCV (16). (Figure B)

-47 patients were chronically infected. 19 patients started on HCV treatment 12 of whom also initiated MAT for opiate dependency.

-4 patients have achieved SVR and 15 remain on treatment or are post treatment awaiting SVR confirmation. (Figure C)

-Of the remaining chronically infected individuals, 1 went to an out of state rehabilitation facility, 23 are pending initial evaluation, 4 with initial visit completed pending follow up.

## Conclusion

-Partnership with high risk treatment service settings such as detoxification units can result in improved HCV treatment uptake.

-Early treatment of HCV can also result in increased treatment uptake for opiate dependency.

-Co-localization of MAT and HCV treatment services can be an effective model to eradicate HCV and also to serve as treatment as prevention, potentially reducing rates of HCV transmission.

## References

1. Chhatwal J, et al. Presented at: AASLD 2018, The Liver Meeting®; November 9-13, 2018; San Francisco, CA
2. Zibbell JE, et al. *Am J Public Health*. 2018;108(2):175-181

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