

HEPATITIS C SCREENING AND LINKAGE TO CARE AT FOUR NEW YORK CITY SYRINGE EXCHANGE PROGRAMS

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Abstract due May 4, 2018

Background:

In New York City (NYC), there are 15 syringe exchange programs (SEP) where people who use drugs (PWUD) can obtain harm reduction resources and sterile drug use equipment and access health services including HCV screening.

Description of model of care/intervention:

In 2016, the NYC Health Department contracted with four SEP to support linkage to HCV care. Each organization hired a patient navigator trained by the Health Department on HCV, harm reduction, and the program protocol, documentation and reporting procedures. Navigators participated in monthly “community of practice and learning” meetings to receive advanced training and program progress reports, present cases, and share challenges and best practices.

Effectiveness:

From October 1, 2016 through March 31, 2018, four SEP enrolled 1154 people at risk for HCV; 469 (41%) were HCV antibody positive and 330 (29%) were HCV RNA positive. Of the latter, 135 (41%) were linked to care. Challenges included: fear, shame, fatalism and stigma; alcohol use disorders, homelessness, mental illness and criminal justice involvement; difficult phlebotomy from collapsed veins; and provider bias against PWUD. Best practices included: sharing strategies to identify and access appropriate referrals for PWUD, leveraging other supportive programs at the SEP to support HCV care, and promoting navigator self-care to prevent burn-out.

Conclusion and next steps:

Clients of SEP in NYC have a high prevalence of HCV and navigators provide essential support for screening and linkage to care. It took six to 24 months and multiple encounters to resolve critical issues needed to link clients to HCV care, such as health insurance and housing. Linkage to HCV care for PWUD is time and resource intensive and requires specialized knowledge of the social and medical service system, opportunities to share challenges, best practices and strategies, and sustained organizational commitment and funding.

Disclosure of Interest Statement:

This program was supported through a Gilead FOCUS grant to the Fund for Public Health New York, a fiscal partner of the NYC Health Department.