

SUPPORTING PEOPLE LIVING WITH HIV TO BE CURED OF HEPATITIS C THROUGH TELEPHONE PATIENT NAVIGATION SERVICES FROM THE NEW YORK CITY HEALTH DEPARTMENT

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Background:

By the end of 2019, among 87,927 New York City (NYC) residents living with diagnosed HIV with ≥ 1 HIV or hepatitis C (HCV) lab since 2014, 10,139 (11.5%) were ever diagnosed with HCV. HIV infection was the fourth most common risk factor among people aged 18–34 years newly reported with HCV in NYC in 2020. People co-infected with HCV and HIV are at higher risk for liver disease and death. The NYC Health Department used surveillance data to identify NYC's co-infected population and provide telephone-based navigation services to support linkage to HCV care.

Description of model of care/intervention:

The NYC Health Department identified people with HIV/HCV co-infection by matching HIV and HCV surveillance data. Laboratory reports of people living with HIV whose last HCV RNA test was positive were used to direct outreach. Navigators performed ≥ 3 telephone outreach attempts for linkage to HCV care and supportive services. Navigators spoke patients' language or used interpretation services to connect patients to HIV and HCV care, make appointments, provide reminders, and support treatment initiation and completion. HCV and overdose prevention education was offered to everyone. Test history and linkage to care outcomes were entered in the NYC HCV surveillance system.

Effectiveness:

From May 2018–January 2022, navigators attempted outreach to 1,336 NYC residents with HIV/HCV co-infection, and reached 410 (31%) people. Of these, 369 (90%) received telephone patient navigation services and were connected to a provider who could treat HCV. After this connection, 291 (79%) attended an appointment, and 131 (45%) had a subsequent negative HCV RNA result after navigation services were received.

Conclusion and next steps:

The NYC Health Department effectively used surveillance data to identify people with HIV and HCV co-infection and established a team of navigators to support people living with HIV through HCV care and treatment.

Disclosure of Interest Statement:

The authors have no conflicts of interest.