

USING HEPATITIS C SURVEILLANCE DATA TO PROFILE HEPATITIS C CARE AT SUBSTANCE USE TREATMENT FACILITIES, NEW YORK CITY, 2017–2018

Moore MS¹, Bocour A¹, Winters A¹

¹ Viral Hepatitis Program, Bureau of Communicable Disease, New York City Department of Health and Mental Hygiene

Disclosure of interest statement: No pharmaceutical grants were received in the development of this study.

Background: The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) electronically receives positive hepatitis C virus (HCV) antibody and positive and negative HCV RNA tests for NYC residents. We identified tests ordered by substance use treatment facilities during 2017–2018 and characterized the number of clients with HCV at each facility, whether the facility provided RNA confirmation, and whether clients subsequently received HCV treatment.

Methods: We used the ordering facility name and address on HCV tests reported to DOHMH during 2017–2018 to identify tests ordered by NYC substance use treatment facilities. We quantified the number of persons tested at each facility and the percentage with RNA testing. We identified those with RNA-positive infection at the time of their first test at a treatment facility, based on the RNA test result from any health care facility closest in time and within 1 year of the test at a treatment facility. We determined treatment initiation status as of December 31, 2018 among those who were RNA-positive based a subsequent negative RNA test from any health care facility after their first test at a treatment facility.

Results: Seventy-seven substance use treatment facilities reported ≥ 1 person with HCV during 2017–2018, encompassing 9,166 unique clients. Forty-eight (62.3%) facilities had RNA confirmation rates $>80\%$; 7 had no RNA confirmatory testing. Facilities averaged 68.5 clients with RNA-positive infection (range: 0–800); 17 facilities had >100 clients with RNA-positive infection. On average, 29.6% (range: 6.9–73.0%) of clients were treated.

Conclusion: NYC substance use treatment facilities saw a large number of persons with HCV infection. However, most clients were not subsequently treated anywhere in NYC, highlighting a lack of linkage to care. DOHMH will use this information to develop initiatives to help substance use treatment facilities appropriately test, link to care, and treat persons with HCV infection.