Implementing HCV Screening in Outreach Settings in North Carolina

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Background

NC Division of Public Health (DPH) supports local health departments and community-based organizations to provide HCV testing in non-clinical community settings (NCTS) and in substance abuse treatment facilities (SAC). In keeping with the NC PCSI objectives, integrated testing for sexually transmitted infections and other infections, including hepatitis C virus (HCV), is also provided in selected settings. DPH began supporting HCV testing in 2006, with 1 HD providing this service. In 2011, the number of agencies increased to 7 (4 CBOs and 3 local HDs). In 2010, new funding allowed testing to expand in substance abuse treatment facilities. During 2011, 7 agencies (4 CBOs and 3 local HDs) received support to provide HCV testing in outreach settings.

Objective

To describe the outcomes of HCV screening in outreach settings in North Carolina

Methods

Review of 2008-2011 data self-reported by each agency (number of tests done, number of positive tests). Review of demographic and risk data of individuals tested during 2011 (provided by 4 out of 7 agencies). Interviews conducted with program directors of each agency to collect specific and detailed information on HCV testing program

Description of Persons Tested for HCV 2011 (n=1,321)

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| HCV testing procedures. For HCV antibody screening test only: Costs range from $7 to $24 per test. Criteria for testing vary by agency. All positive results provided to clients verbally, or in writing if client is unavailable for post-test counseling. Verbal and written information on HCV and HCV testing is provided to clients both before and after testing. Clients who test positive are provided contact and referral information for follow-up and case management. Agencies report difficulty in evaluating number of clients who obtain follow-up and case management. Criteria for testing varies by agency. Clearly defined testing criteria (history or current use of IDU, receipt of blood products prior to 1992, long term healthcare exposure, multiple partners, and/or shared contaminated needles) will target persons most at risk for infection, thus identifying more positive cases. In addition, when resources for testing are limited, use of these criteria may help an agency prioritize who should be tested. What challenges are encountered with HCV testing? Adequate counseling messages for clients testing positive are not provided consistently. Agencies should seize the opportunity to educate clients about ways to prevent complications of HCV and stay healthy. (Reduce drug and alcohol use, Twinrix® vaccination, etc.). Education is a powerful tool. What’s working well with HCV testing? HCV education/information is provided to clients. Staff and clients are frustrated by obstacles to accessing specialized care. Testing in outreach settings is productive. Large numbers of HCV positives are identified when testing is done in substance abuse treatment programs (13.8% for SAC versus 5.3% for NTS in 2011). Referral to specialized care for those tested in settings other than a substance abuse facility is difficult. Conclusion

• Testing in outreach settings is productive. Large numbers of HCV positives are identified when testing is done in substance abuse treatment programs (13.8% for SAC versus 5.3% for NTS in 2011). Referral to specialized care for those tested in settings other than a substance abuse facility is difficult.

Implications for Programs

• Accurate interpretation of HCV test results is complex. Counselors must have adequate training and an understanding of HCV in order to respond to client questions and to explain a positive test result.

• Clearly defined testing criteria (history or current use of IDU, receipt of blood products prior to 1992, long term hemodialysis, unprotected sexual intercourse with multiple partners, and/or shared contaminated needles) will target persons most at risk for infection, thus identifying more positive cases. In addition, when resources for testing are limited, use of these criteria may help an agency prioritize who should be tested.

• Clients tested in outreach settings are likely to be uninsured. Access to additional testing and case management is difficult. Agencies should consider referring those who test positive to more affordable primary care providers rather than directly to specialized care.

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