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 HIV testing in non-clinical community settings (NTS) 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

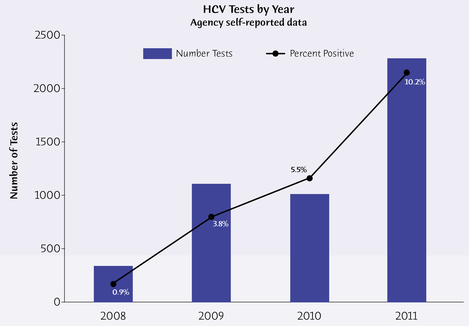
Methods

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

Results



	2008	2009	2010	2011
Number of agencies testing for HCV	1	3	4	7
Number positive tests	3	41	56	229

Note: Testing in substance abuse treatment facilities expanded starting in 2010

Risk of Positive HCV Test

	HCV+		HCV-	
	Number	Percent	Number	Percent
IDU	40	33.6%	87	9.0%
Partner IDU	28	23.5%	87	9.0%
HIV+	15	12.7%	45	4.1%
Exchange sex for DM	20	16.7%	128	13.2%

Includes only observations that had risk data

HCV Testing in 2011

	NTS Sites	SAC Sites
Number tests	992	1,262
Number positive tests	53	176
Percent positive	5.3%	13.9%

56% of total testing was at substance abuse treatment centers

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

Four agencies were able to provide specific data on those tested

	Percent	
HCV ab positive	10.0%	
Male	52.5%	
Female	44.2%	
Unknown/missing	3.3%	
White	39.2%	
Black	36.0%	
Hispanic	18.4%	
Other/missing	6.4%	
IDU	11.7%	
Partner IDU	10.6%	
Exchange sex for DM	13.6%	
Sex while using drugs	51.1%	
Healthcare exposure	0.9%	
Blood exposure	0.5%	
HIV+	4.9%	range (0.3 to 64.4%)

One agency tested a large number of HIV positive persons who were seeking Ryan White care services.

Findings from Interviews

HCV Testing Procedures

- HCV antibody screening test only
- Costs range from $7 to $26 per test
- Criteria for testing varies 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
- All agencies identified need for additional HCV education and training for staff

What challenges are encountered with HCV testing?

- Adequate referral for follow-up and case management is difficult
  - Limited number of healthcare providers across the state who are willing/able to treat HCV
  - Wait time for an appointment may be several weeks to several months
  - The 2 large university-based hepatology clinics in the state are based in urban areas; access to care in rural parts of the state is problematic.
  - Patients are required to have a series of medical tests (anti-HCV, HBsAg, HIV, LFT's, CBC, creatinine) and must have an established primary care provider and assurance of alcohol abstinence in order to be seen at one university-based hepatology clinic
  - Referral to specialized care must be made by medical provider; CBOs not able to refer directly
  - $250 fee at first clinic visit for patients who don't have insurance
- Staff and clients are frustrated by obstacles to accessing specialized care

What's working well with HCV testing?

- Full cooperation from substance abuse treatment centers
- Testing is well accepted by the clients
- HCV + persons are being identified: 5.3% positive in community outreach settings (NTS); 13.8% positive in substance abuse treatment facilities (SAC)
- HCV education/information is provided to clients
- Access to follow-up and case management more available to clients in SAC

Conclusions

- 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.
- 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. Even if the client does not seek specialized care, he/she will know how to stay healthy and prevent transmission to others.

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