A COMMUNITY-BASED APPROACH TO VIRAL HEPATITIS IN CENTRAL APPALACHIA

Crowe J[1], Adams S[1], Garner J[1]
[1]Knox County Health Department, Knoxville, TN

Background: Tennessee has some of the highest drug overdose and prescribing rates in the U.S. CDC modeling indicates that Knox County region's vulnerability to rapid dissemination of HIV and Hepatitis C among persons who inject drugs. To address the Hepatitis C epidemic, Knox County Health Department launched the first universal screening and linkage-to-care program in Tennessee.

Description of model of care/intervention: In 2016, universal, opt-out Hepatitis C screening was provided at five clinics for persons over 14 years old. Risk factors, including intravenous drug use and intranasal drug use, were assessed by self-report.

Initial data informed a two-pronged approach: coordinating providers and providing intensive outreach to at-risk individuals in community settings. In 2017, Knox County Health Department formed a task force of community health clinics, Federally Qualified Health Centers, and alcohol/drug treatment programs. Outreach began with Hepatitis education at alcohol/drug programs, jails and other settings. In 2018, a dedicated outreach position was created to provide education, prevention, and linkage-to-care services at additional facilities, including homeless shelters, syringe services programs, and the streets.

Effectiveness: June 2016 – March 2019, 17,957 patients were tested for Hepatitis C; 13% were antibody positive, 33% homeless, and ~75% uninsured. History of incarceration and intravenous or intranasal drug use were predominant risk factors. With stakeholder engagement, primary care providers treating uninsured Hepatitis C positive persons increased from 0 to 30. Knox County's Hepatitis C Program has quantified prevalence and risk factors of Hepatitis C locally, provided education, prevention, and linkage-to-care services for almost 18,000 patients, and increased Hepatitis C treatment options.

Conclusion and next steps: Using community-based, collaborative approaches in responding to the public health needs among vulnerable populations has increased healthcare access for Hepatitis C positive persons. Community partnerships and individual patient relationships built over the past three years have greatly facilitated additional public health responses.
Disclosure of statement: This project is funded by Gilead Sciences, Inc. The authors have no financial affiliation with any other organizations.