

HEPATITIS C VIRUS AMONG PATIENTS VISITING A SEXUALLY TRANSMITTED INFECTIONS CLINIC

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Background:

Sexually transmitted infection (STI) clinics provide safety-net care for many underserved populations including people who report substance use. However, optimal practices for hepatitis C virus (HCV) screening in this setting is largely unknown. We evaluated routine versus risk-based screening for HCV in an STI clinic setting.

Methods:

Clinical data on demographics, behaviors and HCV antibody positivity results was reviewed on patients presenting to the major STI Clinic in the state of Rhode Island from 2013-2022. Rhode Island has one of the highest rates of substance use in the United States. We conducted bivariate analyses to explore factors associated with HCV antibody positivity.

Results:

During the period of routine-based screening (01/04/2013- 08/12/2015), 3,375 unique patients presented to care, 2,889 (86%) had HCV antibody screening, and 26 (0.90%) had a reactive HCV antibody result. During the period of risk-based screening (08/13/2015-02/10/2022) which was focused on people who reported substance use, 9,779 unique patients presented to care, 3,254 (33%) had HCV antibody screening, and 103 (3.17%) had a reactive HCV antibody result. Risk-based screening was associated with an over 3-fold increase in positivity compared to routine-based screening which was <1%. HCV antibody positivity among all patients was associated with a history of injection drug use, sharing needles, and exchanging sex for drugs or money.

Conclusions:

Risk-based HCV screening in STI clinic settings may maximize clinical resources. Routine HCV screening could be considered in STI clinic settings with higher rates of baseline HCV infection.

Disclosure of Interests:

D Le Brazidec, and A Almonte have no disclosures of interest to report.

MA Maynard is also on staff at The Miriam Hospital Division of Infectious Disease and at the Rhode Island Public Health Institute.

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