

A NEW YORK CITY HEALTH DEPARTMENT COLLABORATION TO IMPROVE HEPATITIS C SCREENING AND NAVIGATION SERVICES TO UNDERSERVED POPULATIONS

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Background:

Approximately 91,000 people are infected with hepatitis C virus (HCV) in New York City (NYC), with 40% undiagnosed. If untreated, HCV can cause liver failure or cancer. In 2021, HCV screening was incorporated into all patient encounters at NYC Health Department Sexual Health Clinics (SHC). Because SHC do not currently provide HCV treatment, NYC Health Department's Viral Hepatitis Program (VHP) and SHC collaborated to create referrals to culturally competent, multilingual telephone navigation services, following screening.

Description of model of care/intervention:

People who tested HCV-positive at SHC and agreed to receive VHP navigation services were referred for linkage to care and supportive services, including harm reduction, medication-assisted treatment, and overdose prevention education. Those who did not agree were referred to the SHC social work team or lost to follow-up. VHP referrals were provided by telephone and ≥ 3 outreach attempts were made. Test history and linkage to care outcomes were entered into the NYC Health Department HCV surveillance system.

Effectiveness:

During the first implementation quarter (March 2021–June 2021), 5,926 people were screened for HCV. A higher proportion were Black (50%), Latino (30%) and older (median age was 40 years compared with 29 years). From March 2021–February 2022, 20 people were referred to VHP: 5 (25%) were men who have sex with men; 4 (20%) were co-infected with HIV; 5 (25%) had history of injection drug use; 19 (95%) spoke English; 1 (5%) spoke Spanish; 9 (45%) had public insurance and 6 (30%) were uninsured. Overall, 11 (55%) received navigation services, 8 were linked to care, and 6 had a subsequent negative RNA result after navigation services were received.

Conclusion and next steps:

This collaboration allowed for potentially underserved populations to receive culturally and linguistically competent navigation services in a setting without on-site care and treatment.

Disclosure of Interest Statement:

The authors have no conflicts of interest.