What Happens After Screening and Linkage to Care? Examination of HCV Care Cascade Outcomes Among 5,000 Urban Baby Boomers Screened for HCV 2012-2014
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Abstract Body Purpose: To examine 2-year outcomes along the HCV Care Cascade among a population of over 5,000 baby boomers screened for HCV infection from 2012-2014 in an academic, primary care setting targeting underserved individuals.

Methods: The TLTC program, funded by the CDC, implemented baby boomer screening and linkage to care from 2012-2014 at the Grady Memorial Hospital Primary Care Center (Atlanta, GA, USA). Twenty months after the completion of the screening program, we evaluated records of the 412 patients who screened positive for HCV antibodies. Outcomes reported for the subset with chronic HCV infection included type of initial linkage to care, number of follow-up visits, number referred for antiviral treatment, reasons for non-treatment, and numbers who achieved rapid virologic response (RVR), end of treatment response (ETR) and sustained virologic response 12 weeks after completion of therapy (SVR12).

Results: In a birth cohort population that was 92.5% African American and 53% uninsured, 412 (7.9%) of 5,239 patients screened had HCV antibodies. HCV RNA testing was completed for 92% of the antibody-positive patients, and 264 (69%) were viremic. 96% of viremic patients had an initial linkage to care visit; 43% at the onsite, primary care-based HCV clinic, 6% at the infectious disease clinic, and 47% at the primary care clinic. Subsequently, 75% of patients attended a second specialty visit, 59% a third visit, 30% a fourth, and 13% a fifth. Eighty-two patients were referred for direct acting antiviral (DAA) treatment. Reasons for non-treatment included lack of advanced fibrosis (26%), lost to follow-up (29%), awaiting newer medications (13%), and substance abuse (8%). Among the 42 patients with results available who initiated DAA therapy, 29 of 42 (69%) achieved RVR, 37 of 38 (97%) achieved ETR, and 25 of 27 (93%) achieved SVR12.

Conclusions: Our results show that following a highly successful HCV screening and linkage to care program, there remains significant drop off along the later stages of the HCV Care Cascade. This resulted in sub-optimal numbers of patients initiating DAA therapy, despite the fact that excellent outcomes were achieved once patients initiated therapy. Our finding that lost to follow up was a significant contributor to non-treatment suggests that interventions focused on maintaining patients in care (patient navigators, case managers) could improve treatment uptake in this underserved population with high HCV prevalence.