Prevalence of Hepatitis C in Adults Presenting to Emergency Departments in a Large Hospital System in Texas
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**Background.** Hepatitis C is a chronic life-threatening disease which is curable. However, ~60% of Hep C-infected individuals are unaware of their infection status. The majority of Hep C has been documented in baby boomers (born 1946–1965; PMID 23931142).

**Methods.** Prospective case study of adults presenting to the Emergency Departments (EDs) of a large is not for profit hospital system in the Houston, Texas area. Adults presenting between March 2013 and October 2016 were eligible for testing for antibody to Hep C (Gilead).

**Results.** Over the 3.5 years study, 8,159 patients presenting to nine participating EDs in the Houston, Texas region were screened for Hep C. There were 744 (10.0%) individuals found positive. Prevalence of Hep C by testing ED ranged from 4.0 to 13.7% (P < 0.001) and males (11.8%) were significantly more frequent than females (6.6%). When parsed by age categories: individuals born before 1946 (3.8% Hep C positive) had a significantly lower (P < 0.001) prevalence of Hep C than cohorts born between 1946 and 1965 (9.6%+) or after 1965 (9.2%).

**Conclusion.** Hep C is prevalent in adult patients presenting to EDs in the Houston, Texas region. The 10% Hep C positivity rate is similar to that found (11.6%) in another Gulf state, Alabama (PMID: 26611776). Our findings differ in that prevalence in individuals born after 1965 was as high as that for baby boomers.

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2202. The Hepatitis C Virus Cascade of Care at Stony Brook University Hospital: Risk Factors for Linkage to Care
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**Background.** Huge efforts are being made to screen high-risk populations for Hepatitis C virus (HCV) infection, however linkage to care (LTC) rates remain low. The aim of this study was to assess the factors affecting LTC among HCV positives in a major tertiary academic medical center in eastern New York.

**Methods.** A retrospective chart review was performed on all patients with ICD-9 or 10 diagnostic codes for HCV positive antibody over a period of 2 years (2016–2017) at Stony Brook, NY. Data were collected for HCV RNA, LTC, demographics, type of insurance, employment status, psychiatric diagnosis, comorbidities, HIV or HBV coinfections, substance use disorder, and level of fibrosis. Univariate and multivariate analyses were performed to find associated factors with LTC.

**Results.** A total of 600 cases (62.6% male; 74% White; median age: 59 years) had a positive HCV antibody, 264 (44.4%) had a positive follow-up HCV RNA test and 138 (52.2%) were LTC. The average time for LTC was 1.5 months (50 days; interquartile range 21–121). In the univariate analysis, the following factors were significantly associated with LTC: older age (OR 1.022), having medicaid (OR 0.421), people who inject drugs (PWID) (OR 0.216), cocaine and marijuana use (OR 0.457), polysubstance use (OR 0.311), having a primary care provider (OR 2.290) and being a baby boomer (OR 1.718). The vast majority of patients came from three zip codes within south central Suffolk County, coinciding with the highest prevalence of heroin use.

**Conclusion.** In this population insurance type, younger age and substance use (injection drugs, marijuana, cocaine, polysubstance) were associated with lower odds of LTC. Having a primary care provider and being a baby boomer were the only two independent risk factors associated with increased odds of LTC. Due to an increased number of HCV cases in younger populations, public health and wider LTWD, further outreach efforts are urgently needed to spread HCV screening awareness and increase testing in high prevalence areas.

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2203. Risk Factors for Hepatitis C in Western Africa: An Observational Study in a STI Clinic
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**Background.** The patterns of hepatitis C virus (HCV) transmission routes in sub-Saharan Africa (SSA) has not been previously well characterized. A recent meta-analysis reported a general distribution HCV prevalence of 5.4% and HCV coinfection prevalence of 3.6% in SSA, with considerable regional variation.

**Methods.** A cross-sectional study was performed in Kumasi, Ghana. Subjects were recruited from patients attending an STI clinic at a government-supported health facility. Of the 312 individuals completed known risk factors for HCV, including sexual behaviors, to capture potential routes of exposure. Surveys were administered in Twi, the local language, with the assistance of trained interpreters. Blood samples were collected and tested for HCV antibodies using DiaSpot Anti-HCV Rapid Screen Tests (US). Data were analyzed using univariate analysis and logistic regression using SAS 9.4.

**Results.** Of the total 312 subjects, 15 were HCV positive (prevalence 4.8%). The HIV-HCV co-infection prevalence was 5.3%. After adjusting for age and sex, statistically significant associated risk factors for HCV infection (P < 0.05) include no/low level of education vs. tertiary (OR 5.0), northern region of birth vs. central region (OR 7.3), and traditional body scarring (OR 4.1). Rough sexual practices, ie dry sex, sores, were also explored and were associated with HCV infection (P = 0.02). Post-hoc stratified analysis of HIV-infected individuals (n = 201) was performed to identify risk factors for HCV infection. Significant findings in this sub-population include northern region of origin (OR 12.4) and traditional scars or marks (OR 4.6).

**Conclusion.** Two risk factors for HCV infection, ie region of birth and traditional scars, were significant in both the total clinic population and HIV co-infected individuals suggesting cultural practices are contributing to an increased risk of infection. Among HCV positive individuals, rough sexual practices were significant risk factors; whereas, IV drug abuse was not. While HCV treatment exists, it is not currently available in West Africa; therefore, it is critical to identify risk factors to best target education programs and screening of populations to limit disease spread.

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Background. At Hahnemann University Hospital, the prevalence of hepatitis C virus (HCV) infection is close to 17%, which is much higher than the estimated 2% prevalence in the United States general population. However, linkage to care from an inpatient setting is historically lower than for those diagnosed with HCV infection in the outpatient setting. In the era of effective HCV treatment, improving linkage to care is an essential step to cure HCV infection. Here we describe the impact of mandatory HCV consults on the success of linkage to care.

Methods. We performed a retrospective observational study of HCV patients who tested positive for HCV from July 2017 to December 2017 and were born between 1945 and 1965 at Hahnemann University Hospital, Philadelphia, PA. Once a patient was identified as having chronic HCV infection, either the Infectious Disease or Hepatology team evaluated the patient and an HCV navigator facilitated linkage to care. We defined linkage as a patient subsequently being seen at the Outpatient Hepatology Clinic or Infectious Disease Clinic within 3 months of discharge from the hospital.

Results. Among 524 Baby Boomers tested, 106 (20%) had positive HCV antibody tests. Sixty-nine (65%) had chronic HCV infection and 79% were already linked to care. Among 62 patients, 24 (39%) had an infectious disease (ID) or Hepatology consult. Patients who were seen by a consultant were more likely to be linked to care within 3 months (50% vs. Twenty-two%, P = 0.016). One of the main barriers that a consultant did not see a patient was that confirmatory HCV viral load result was not available at the time of discharge. If the viral load was available prior to discharge, a patient was more likely seen by a consultant (54% vs. 7%, P < 0.001).

Conclusion. Mandatory HCV consults in the inpatient setting improved linkage to care for HCV-infected patients. One of the main barriers of HCV mandatory consults was HCV viral load result not being available at the time of discharge. In the era of effective HCV treatment, mandatory HCV consults should be implemented to improve the rate of linkage to care. Early routine lab testing for HCV antibody during a hospitalization and timely availability of results will be crucial to the success of such an intervention.

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