One Third of People Who Drop Out of Hepatitis C Care Can Be Reengaged in Treatment

ReLink programs treated 19% of people who were brought back into HCV care after being lost to follow-up.

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Patient navigation and care coordination are central to relinking people to hepatitis C care and treatment. Using these strategies, 31% of people who were lost to follow-up restarted care and 19% started treatment, according to findings presented at the AASLD Liver Meeting.

Hepatitis C virus (HCV) infection often results in chronic liver disease, eventually leading to cirrhosis, liver cancer and the need for a liver transplant. Direct-acting antiviral therapy is highly effective, curing more than 95% of patients, but many people fall out of care and do not receive a full course of treatment.

The World Health Organization (WHO) has set a goal of global elimination of hepatitis C by 2030. Reconnecting people who have been lost to follow-up care is a key strategy for achieving elimination. Experts estimate that some 60% of people who test positive for HCV are lost to follow-up and remain untreated. The COVID-19 pandemic has made matters worse, with many people delaying HCV care.

Maria Buti, MD, PhD, of Vall d'Hebron University Hospital in Spain, and colleagues assessed the effectiveness of care reengagement programs called ReLink. These programs seek to identify people with HCV who were lost to follow-up, overcome barriers to care and encourage them to start or restart antiviral therapy.

The researchers accessed data from programs in the United States, the Netherlands, France, Spain, Brazil and a group of 13 Latin American countries. They reviewed 50,649 patient records, including those of 12,536 people (25%) lost to follow-up and eligible for contact.

Across the different programs, 3,840 people (31%) were reconnected to hepatitis C care, and 714 (19%) received treatment. However, the proportions of people relinked to care and treatment differed substantially across countries. In the United States, 31% were linked to care, and 17% were treated. In Spain, 31% were linked to care, but 81% were treated.

The team also identified various steps along the care cascade where loss to follow-up was most likely to occur. These points mostly occurred after diagnosis but before treatment began.

Phone calls, texts and letters to patients or their general practitioner all yielded good results in reaching people who had fallen out of care. More than 7,000 individuals were unreachable, which was a major barrier to relinking patients to care. In particular, incorrect contact information was a major challenge. Buti and colleagues identified several ways to help improve reengagement, including using electronic databases, noting accurate contact details and partnering with medical societies.

“Active case-finding, patient navigation and care coordination in these programs led to increased engagement and treatment rates,” the researchers concluded. “Adopting and adapting effective strategies from these programs may be a feasible way to improve patient outcomes and increase treatment numbers, thus contributing to meeting the WHO goal of HCV elimination.”

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