People on Probation Have High Hep C Rate, Great Challenges Linking to Care

A Rhode Island study found that testing for hepatitis C among people on probation is likely a good way to find undiagnosed individuals.

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Given the high rate of hepatitis C virus (HCV) among people on probation or parole, testing for the virus in this population is likely an effective way to identify undiagnosed cases. That said, a recent study conducted in Rhode Island identified many challenges in linking newly diagnosed individuals to medical care for HCV.

Emily Patry, of the Miriam Hospital in Providence, presented findings from the study at The Liver Meeting, the Annual Meeting of the American Association for the Study of Liver Diseases, in Boston this month.

Overall, the care continuum for HCV—the progression from antibody diagnosis, to confirmatory diagnosis, to linking with a health care provider, to receiving direct-acting antiviral treatment, to being cured—is poor among marginalized populations. This holds especially true for individuals who have been incarcerated or are otherwise under the supervision of the criminal justice system, among whom there is a high rate of the virus.

Seeking ways to improve the continuum of care in this population, Patry and her colleagues conducted a study of rapid HCV testing and the use of a patient-navigator system to link diagnosed individuals to medical care.

The 250 participants were recruited from a Rhode Island probation and parole office. To be eligible for the study, individuals needed to be under community supervision and have an unknown hep C status or report that they had the virus and had never received HCV treatment.

The participants received rapid HCV antibody testing and completed an initial survey regarding their demographics, involvement with the justice system and substance use. They received the result of the antibody test at the visit. If the test was positive, they were connected to a patient navigator to assess their overall needs regarding factors affecting their ability to receive medical care for the virus, schedule the genetic test for HCV required to confirm an active infection and facilitate linkage to medical care.

Those who completed the baseline study visit were granted $25.

Seventy-eight percent of the participants were men. They ranged in age between 19 and 70 years old. Forty percent were white, 26% were Black, 20% were Latino and 30% were another race. Thirty-five percent were experiencing homelessness, 86% had health insurance and 98% were on probation. Twenty-four percent reported ever injecting drugs, and 78% reported using non-injection drugs.

Forty-five (18%) of the participants tested positive for HCV antibodies, and 31 (12%) were assigned a patient navigator.

The most frequently cited barriers to engaging in medical care for HCV were lack of transportation and employment.

HCV-positive antibody tests were more common among those who were in the “other” race category, women, Latinos and people who were experiencing homelessness and had a history of any kind of drug use.

Among the 45 people who tested positive for HCV antibodies, just 10 (22%) proceeded to undergo genetic testing of the virus. Six of these individuals were confirmed to have active infection; of these, two (4%) had an appointment scheduled to meet with a hep C physician.

Thirty-five of those with HCV antibodies have not progressed along the care continuum.

To read the conference abstract, click here.

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