Background

• 3.5 million (range 2.5-4.7 million) individuals are estimated to be infected with hepatitis C (Edlin et al., 2015).

• FDA-approved tests include:

• Individual tested and qualified, phlebotomist (Maxim staff who was trained on the protocol and administering informed consent) obtained informed consent.

• Antibody Testing Procedure:

Methods

Consortium of Partners: Maximizing Pathway to Care

Locations of Participating Cities

Patient Population

• Males and females within the birth cohort born between 1945-1965, inclusive, or if outside the birth cohort window, at least 18 years of age with CDC defined high risk factors for chronic hepatitis C.

• To wait for an email from CLDF or a call from the HCV Management Specialist.

Primary Objective

• Identify the prevalence of hepatitis C using birth cohort and high risk factors screening at a retail pharmacy and to link hepatitis C (HCV) antibody positive individuals with a pathway to care.

Antibody Testing Procedure

• Each participating Walgreens was provided with:

• OraQuick HCV Rapid Antibody Test kits
• OraQuick HCV Rapid Antibody Test kits
• ACIP report
• Phlebotomist provided the individual with an instruction sheet to wait for a call from CLDF or a call from the HCV Management Specialist (Kalayjian et al., 2013).

• ∗ To wait for an email from CLDF or a call from the HCV Management Specialist.

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Conclusions

• Screening of HCV exposure in high risk individuals using point of care technology is effective.

• Screening of HCV exposure in high risk individuals at a retail pharmacy setting is effective.

• Targeted screening identifies individuals with high likelihood of having been exposed to the Hepatitis C Virus.

• ∗ The HCV Management Specialist was able to link 57.76% of contracted individuals to confirmatory testing.

• Other barriers to link individuals to care need further exploration and creative solutions.

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Summary

• 7.6% of individuals tested in retail pharmacies located in lower income neighborhoods tested HCV antibody positive.

• Of those testing positive, 83.35% received their test results from the HCV Management Specialist.

• Of those who received their positive test results, 61.54% had a follow up call with the HCV Management Specialist.

• Overall, the HCV Management Specialist was able to confirm 28% (250/100) of HCV antibody positive patients had confirmatory HCV RNA testing.

Background

• Healthcare recommended for HCV testing should first be tested for HCV antibody (joint HCV. (CDC, 2013).

• FDA-approved tests include:

• Point-of-care assay (OraQuick HCV Rapid Antibody Test, OraSure Technologies).

• Point-of-care testing can increase the number of individuals diagnosed, however, linkage to care is a major challenge and is essential to improve patient outcomes.

Rationale

• All individuals recommended for HCV testing should first be tested for HCV antibody (joint HCV. (CDC, 2013).

• FDA-approved tests include:

• Point-of-care assay (OraQuick HCV Rapid Antibody Test, OraSure Technologies).

• Point-of-care testing can increase the number of individuals diagnosed, however, linkage to care is a major challenge and is essential to improve patient outcomes.

Primary Objective

• Identify the prevalence of hepatitis C using birth cohort and high risk factors screening at a retail pharmacy and to link hepatitis C (HCV) antibody positive individuals with a pathway to care.

Antibody Testing Procedure

• Each participating Walgreens was provided with:

• OraQuick HCV Rapid Antibody Test kits
• Positive and negative controls
• Ancillary supplies (syringes, gloves, bandages, etc)

Communication of OraQuick Antibody Results

• Within 3 business days, individual received email with test result and participation was considered complete.

• Individual was unreachable or not provided, individual was contacted by telephone by the HCV Management Specialist.

• Positive test result explained to the individual and contact information for follow-up testing and education was provided.

• To wait for a call from CLDF or a call from the HCV Management Specialist.

• To wait for an email from CLDF or a call from the HCV Management Specialist.

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Conclusions

• Screening of HCV exposure in high risk individuals using point of care technology is effective.

• Screening of HCV exposure in high risk individuals at a retail pharmacy setting is effective.

• Targeted screening identifies individuals with high likelihood of having been exposed to the Hepatitis C Virus.

• The HCV Management Specialist was able to link 57.76% of contracted individuals to confirmatory testing.

• Other barriers to link individuals to care need further exploration and creative solutions.

Disclosures

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Patients with HCV antibody positive results were contacted by telephone to schedule follow up testing. Those who received their positive test results were followed up by the HCV Management Specialist for 21-28 days after initial contact. Of those who received their positive test results, 61.54% had a follow up call with the HCV Management Specialist. The HCV Management Specialist was able to confirm 28% (250/100) of HCV antibody positive patients had confirmatory HCV RNA testing.