

Camelia I. Capraru^{1,2}, Bettina E. Hansen^{1,3,4}, Aaron M. Vanderhoff^{1,2}, Steven M. Friedman⁵, Kathy Bates⁵, Tony Mazzulli^{6,7}, Danielle Porplycia⁵, Bentley McCormack^{1,2}, Joshua Juan⁸, Hsiao-Ming Jung⁸, Hemant Shah^{1,2}, Jordan J. Feld^{1,2,9}, Harry L.A. Janssen^{1,2}

¹Toronto Centre for Liver Disease, University Health Network, Toronto, ON, Canada; ²Viral Hepatitis Care Network (VIRCAN), Toronto, ON, Canada;

³Gastroenterology and Hepatology, Erasmus University Medical Center, Rotterdam, The Netherlands, Institute of Health Policy, Management and Evaluation, ⁴University of Toronto, Toronto, ON, Canada

⁵Department of Emergency Medicine, University Health Network, Toronto, ON, Canada; ⁶Mount Sinai Hospital/University Health Network and Department of Laboratory Medicine and Pathobiology, University of Toronto, Toronto, ON, Canada; ⁷Public Health Ontario, Toronto, ON, Canada; ⁸Albany Medical Clinic, Toronto, ON, Canada; ⁹Sandra Rotman Centre for Global Health, University of Toronto, Toronto, ON, Canada

BACKGROUND

- In 2016, Canada signed on to the World Health Organization (WHO)'s Global Viral Hepatitis Strategy, with the goal of eliminating viral hepatitis as a public threat by 2030
- It is estimated that over 45% of individuals with chronic hepatitis C virus (HCV) infection in Canada remain undiagnosed
- Scaling up HCV screening and linkage to care programs is essential to achieve WHO's targets
- Understanding current rates of HCV diagnosis and linkage to care in different community settings is critical information for developing future screening strategies

OBJECTIVE

- To evaluate HCV screening strategies implemented in three different community settings as part of our Viral Hepatitis Care Network (VIRCAN) program: emergency department (ED), medical walk-in clinic (MC) and community outreach (OT)

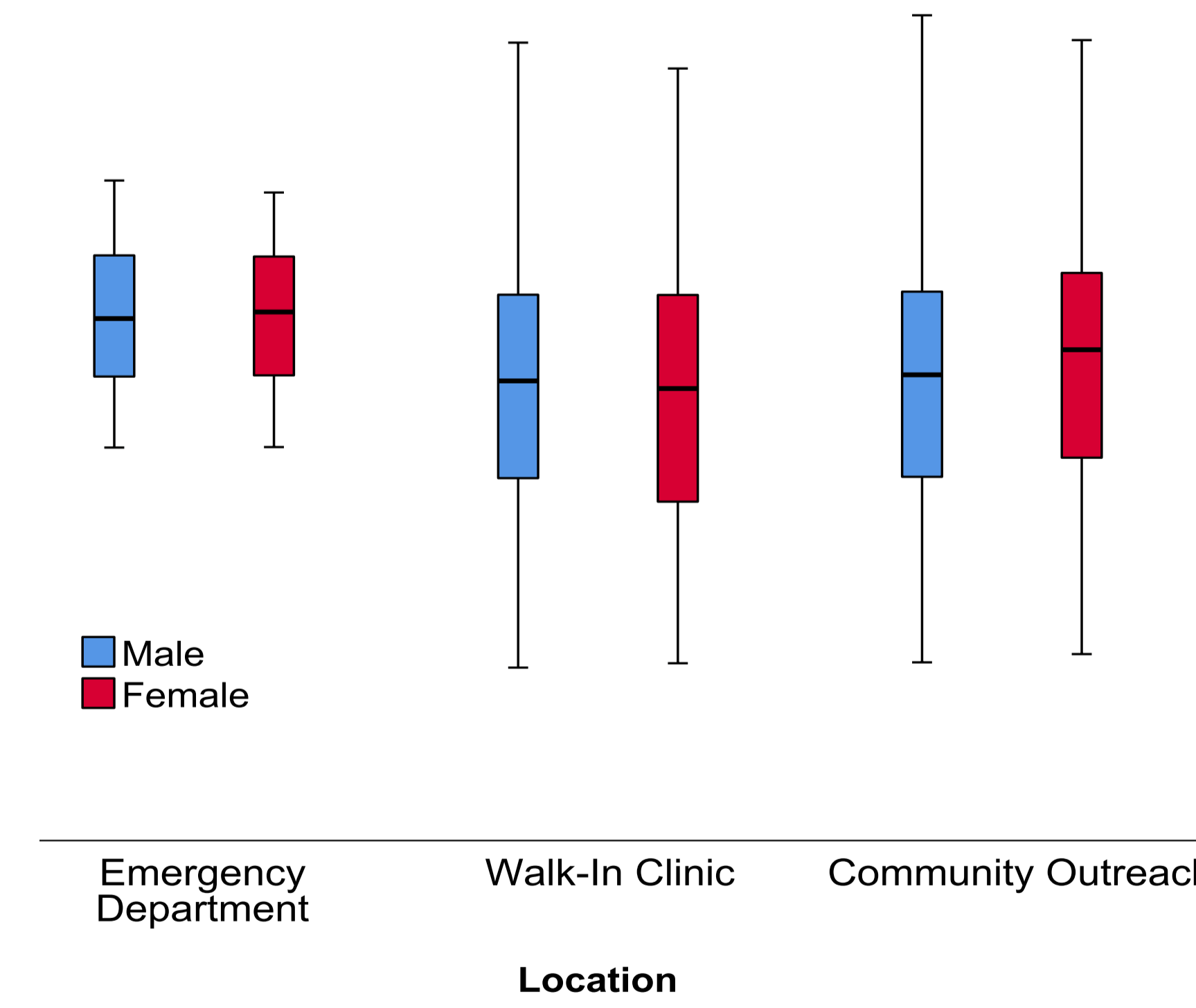
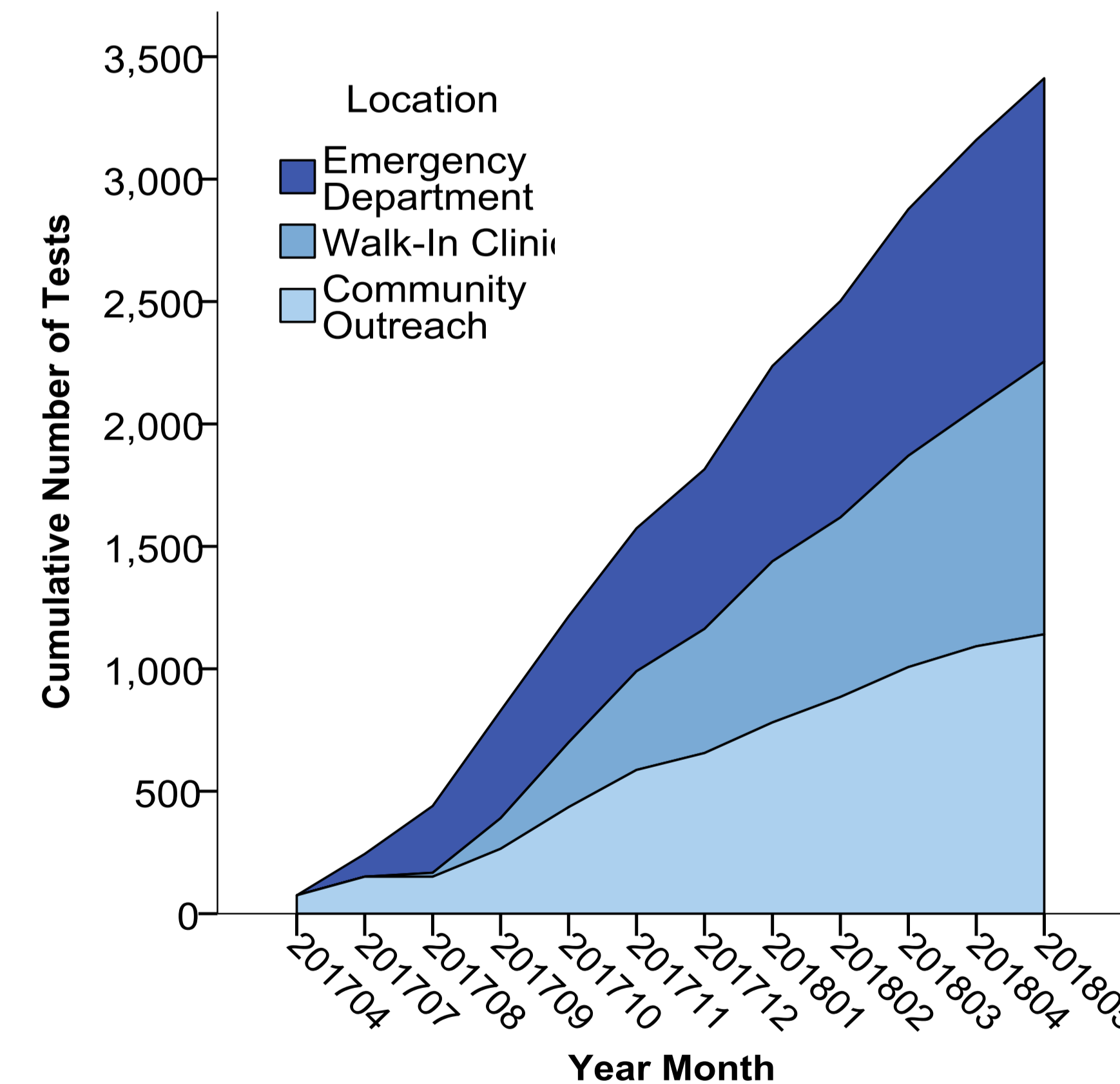
METHODS

- We implemented birth cohort (1945-1975) HCV testing in the ED and MC, and universal testing during OT
- Blood samples in the ED were collected by finger prick on Dried Blood Spot (DBS) collection cards and tested for anti-HCV with reflex to HCV RNA
- In the MC and OT, we used anti-HCV point-of-care testing followed by HCV RNA on DBS card
- Patients with positive HCV RNA were linked to care

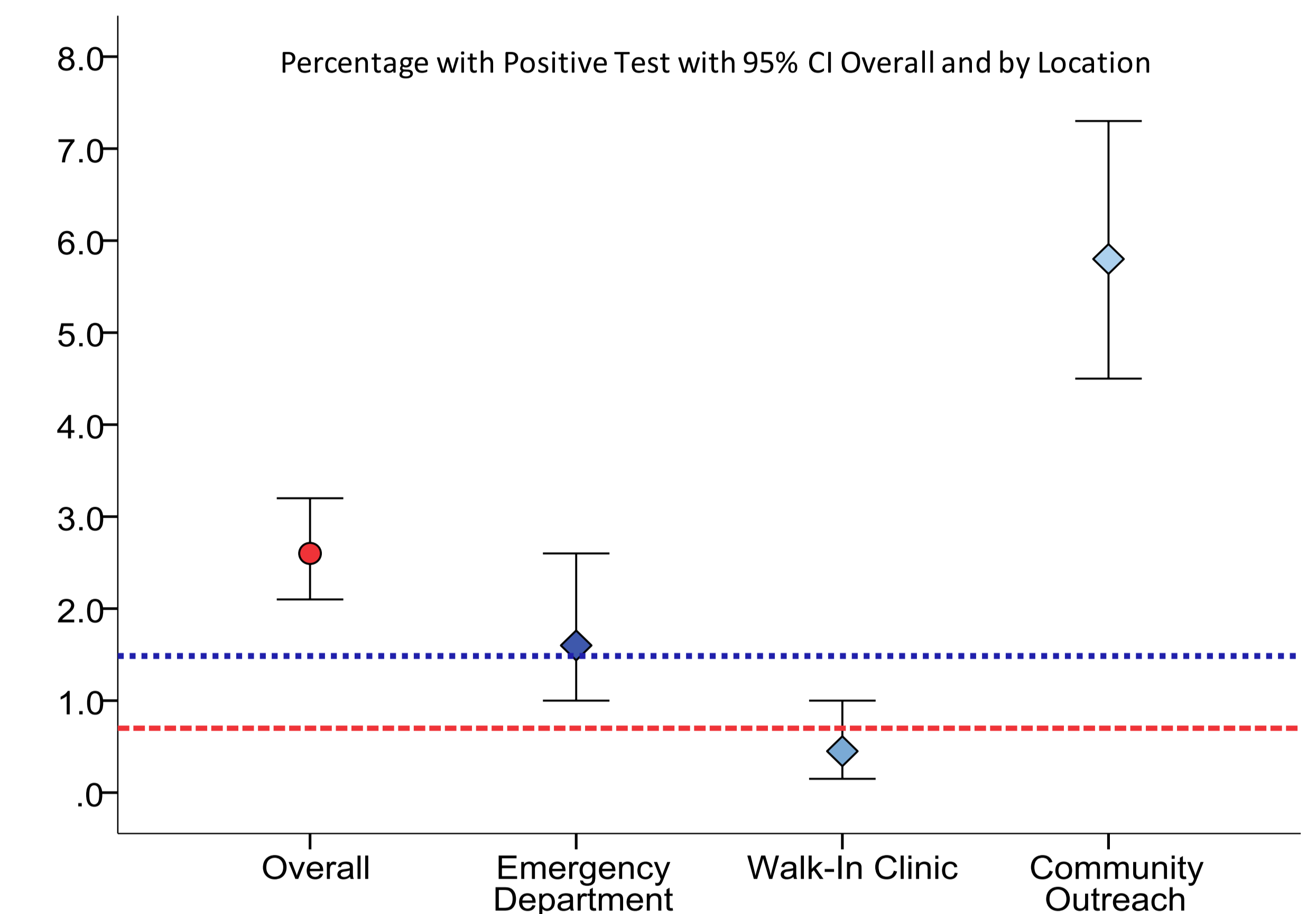
ACKNOWLEDGEMENTS

RESULTS

Characteristics	HCV Ab tests				p-value
	Total N = 3412	Emergency Department N = 1157 33.90%	Walk-in Clinic N = 1114 32.60%	Outreach Initiatives N = 1141 33.40%	
Age (mean, SD)	53 (14)	58 (9)	49 (15)	51 (15)	<0.0001
Age (median IQR range)	54 (44-63)	58 (51-65)	50 (37-60)	53 (39-62)	<0.0001
Male n (%)	1587 (46.9)	603 (52.1)	438 (39.3)	546 (49.1)	<0.0001
HCV Ab Positives n (%)	90 (2.6)	19 (1.6)	5 (0.4)	66 (5.8)	<0.0001
HCV RNA Tests n/HCV Ab positives (%)	67/90 (74.4)	18/19 (94.7)	4/5 (80.0)	45/66 (68.2)	0.053
HCV RNA Positives n/HCV RNA tests (%)	43/67 (64.2)	14/18 (77.8)	3/4 (75.0)	26/45 (57.8)	0.36
Linkage to Care n/HCV RNA positives (%)	22+7/43 (76.9)	8+1/14 (71.4)	3/3 (100.0)	11+6/26 (75.0)	1



HCV Ab Positives	Total	Emergency Department	Walk-in Clinic	Outreach Initiatives
n (%)	90 (2.6)	19 (1.6)	5 (0.45)	66 (5.8)
EXACT 95% CI	2.1-3.2	1.0-2.6%	0.15-1.0	4.5-7.3
Compared to general Canadian population 0.7%	<0.0001	0.001	0.21	<0.0001
Compared to US Emergency Department 10.3%	<0.0001	<0.0001	<0.0001	<0.0001
Compared to Canadian birth cohort population 1.5%	<0.0001	0.378	0.001	<0.0001



CONCLUSIONS

- The HCV prevalence in the OT was seven times higher than the general population, but fewer underwent HCV RNA testing
- The HCV seropositivity among the ED birth-cohort was significantly higher than the general population
- Using the DBS for HCV testing ensured a high HCV RNA test uptake
- The community outreach and EDs are useful strategies for identifying more cases, however better interventions are needed to improve HCV RNA testing rate and linkage to care

CONTACT INFORMATION

Camelia Capraru, VIRCAN/TCLD

✉ cameli.capraru@uhnresearch.ca