

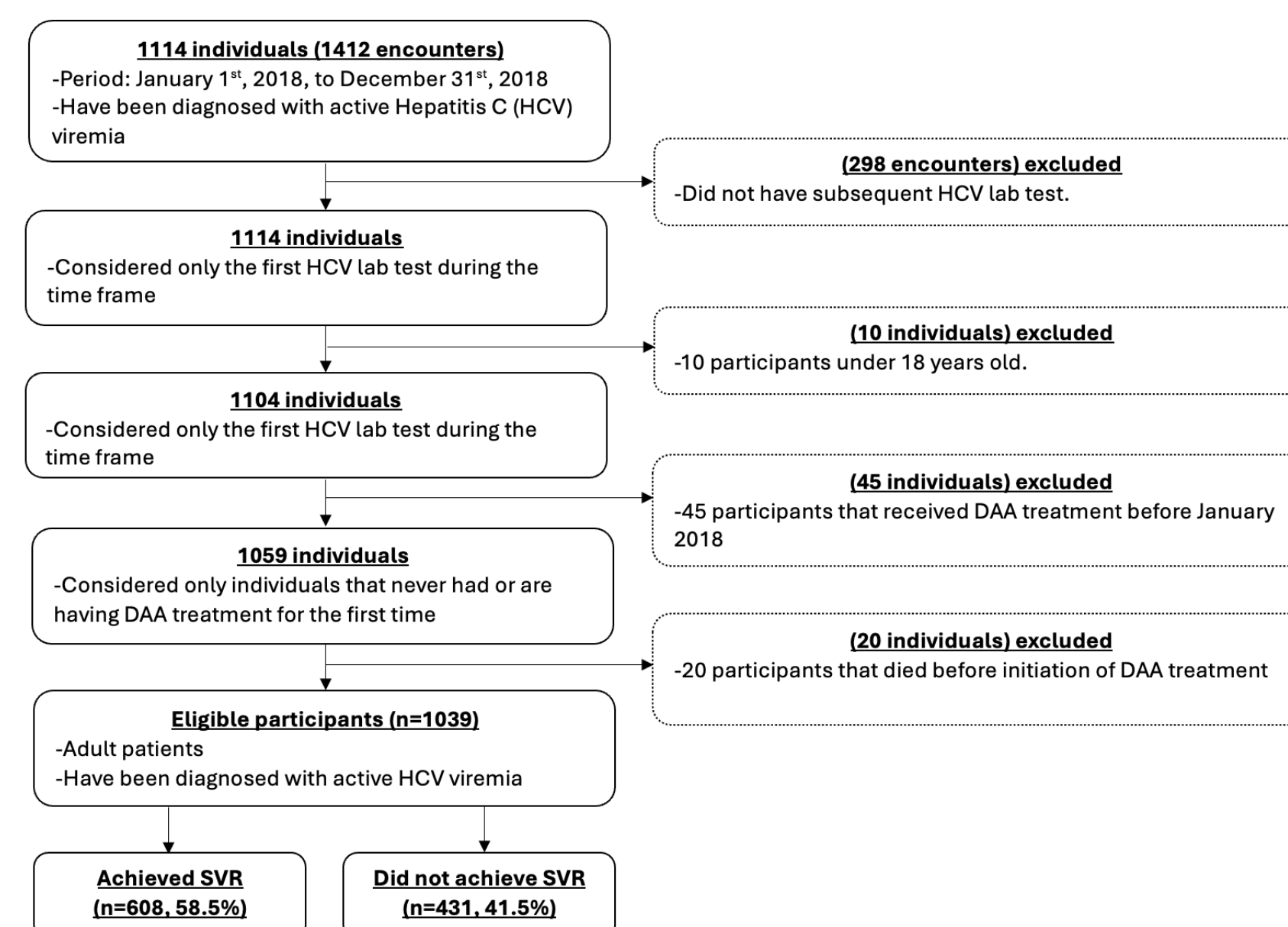
Background and Objectives

- Hepatitis C virus (HCV) is a bloodborne RNA virus that can lead to cirrhosis, hepatic cancer, and death if left untreated
- Prior work has demonstrated that only 62% of people with active HCV attend their first care appointment, 38% complete treatment, and 29% achieve cure [1]
- Significant barriers to care include housing instability and substance use
- Nationally, Rhode Island ranks 10th in prevalence of HCV and the Rhode Island Department of Health has determined that eliminating HCV is a priority area [2]
- Objectives: (1) to identify the proportion of patients with HCV viremia who do and do not achieve sustained virologic response (SVR) in Rhode Island. (2) Identify demographic and health factors that influence the initiation and completion of HCV treatment in Rhode Island**

Methods

Retrospective cohort study of patents diagnosed with Hepatitis C viremia in 2018 and their progression through the care cascade within the Brown University Health System between 2018 – 2023

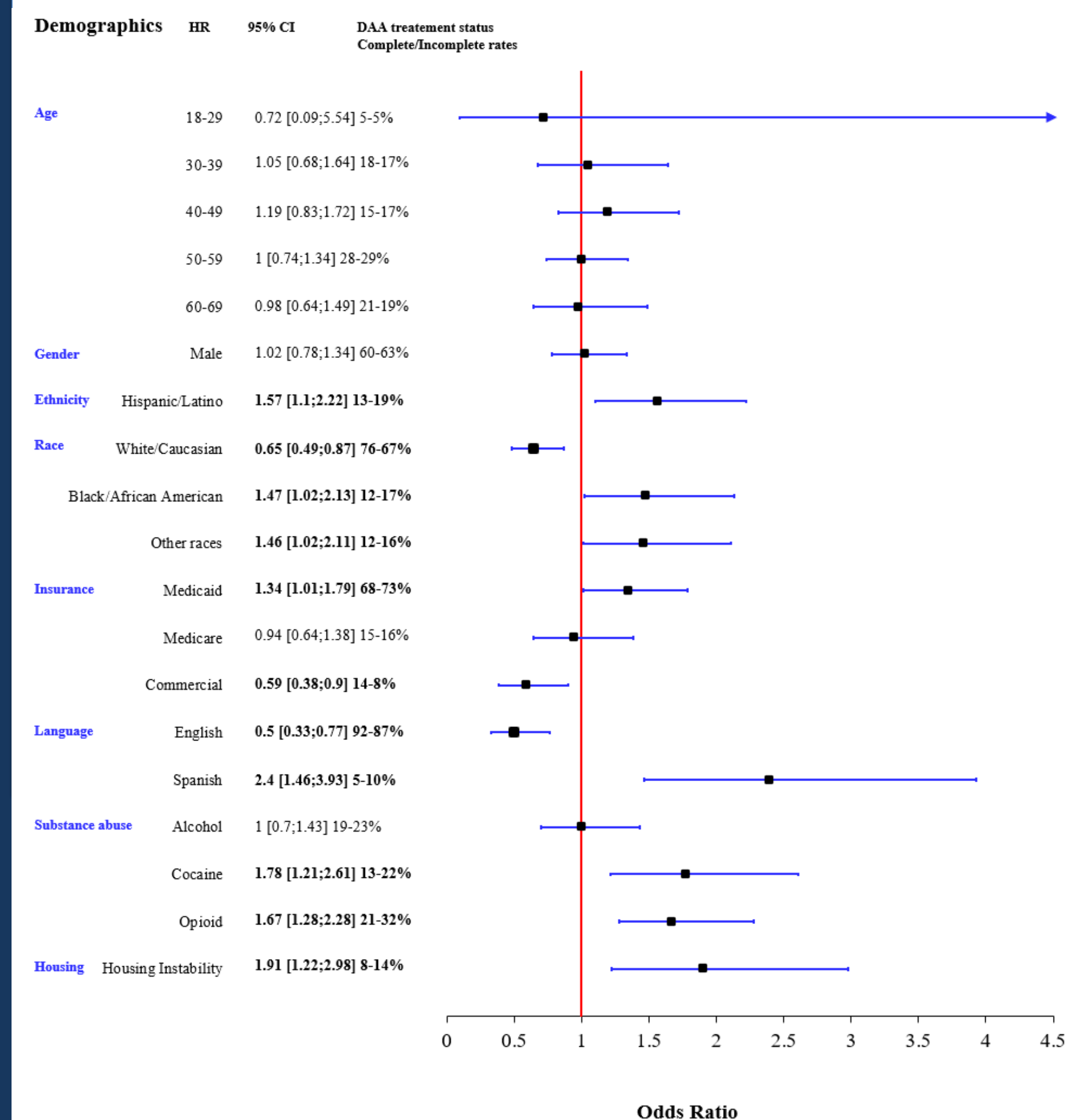
Figure 1. Flowchart of individuals with Hepatitis C (HCV)



Results

- 58.5%** of patients in this cohort achieved SVR
- Patients with **housing instability** had **higher odds of not achieving SVR** (OR: 1.91 [1.22-2.98])
- Patients with **commercial insurance** had **higher odds of achieving SVR** (OR: 0.59 [0.38-0.90])

Figure 2. Sustained Virologic Response (SVR) rates by demographics



Other Findings and Conclusions

- People who use cocaine and opioids had lower odds of achieving SVR (cocaine OR: 1.76 [1.21-2.61]; opioid OR: 1.67 [1.28-2.28])
- Patients who were Hispanic (OR: 1.57 [1.10-2.22]) or Black (OR: 1.47 [1.02-2.13]) had higher odds of not achieving SVR
- Differences in achievement of SVR based on insurance status, housing stability, and racial and ethnic identities suggest systemic and structural factors alter the ability to complete the HCV care cascade**

Future Directions

- Analyzing clinical factors and their association with completion of the Hepatitis C cascade
- Evaluating trends pre, during, and post-COVID to better understand the impact of the COVID-19 pandemic on HCV care and completion
- Comparing SVR rates before and after the introduction of the Rhode Island Street Med Hepatitis C initiative
- Use our data to support the Rhode Island Department of Health in designing evidence-based interventions to reduce the prevalence of HCV and improve completion of the HCV care cascade

References

- Hernandez-Con, P., et al., *Hepatitis C Cascade of Care in the Direct-Acting Antivirals Era: A Meta-Analysis*. Am J Prev Med, 2023. **65**(6): p. 1153-1162.
- Rhode Island Department of Health. (2022). *Rhode Island strategic plan for hepatitis C, 2022* (Hepatitis C RI Strategic Plan).

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