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Background

An estimated 65,000 New Mexicans are infected with HCV, accounting for ~3% of the state's population

- Intravenous drug use is the most common risk factor for HCV acquisition

In 2020, the US Preventive Service Task Force recommended universal HCV screening for all adults aged 18 to 79 years old

- Screening uses a two-step process: obtaining HCV antibody (Ab) test followed by a confirmatory HCV ribonucleic acid (RNA) test if positive

New Mexico was one of the first states to abandon the requirement for specialist referral, fibrosis staging, and abstinence from substance abuse to facilitate HCV treatment

- Despite removal of these barriers, major gaps in access to HCV treatment persist

Objective

Develop a HCV Connect-to-Care Cascade for the University of New Mexico Hospital (UNMH) to understand the potential barriers preventing patients from receiving appropriate care

This study was approved by the UNM Health Sciences Center IRB



Methods

- Retrospective, single center, descriptive study conducted at a level 1 trauma, tertiary care academic medical center with 527 beds
- Included all patients with a positive HCV Ab, RNA, or genotype obtained in 2018
- There were no exclusions

Results

- In 2018, over 11,000 unique patients received HCV testing in any form resulting 14,566 HCV tests being performed
- Only 61.7% of inpatients newly diagnosed with HCV were referred for treatment
 - 11.7% of newly diagnosed HCV patients get started on HCV treatment
 - Of patients who receive HCV treatment, 88.5% completed treatment with 100% having sustained virologic response (SVR)

Conclusions

- Linking newly diagnosed HCV patients to a specialist represents the largest gap in the cascade
- Patients who start HCV treatment have high SVR
- HCV treatment may not require specialist referral with the pan-genotypic HCV treatments, fewer side effects, and high clinical success rates
- Similar to rapid antiretroviral initiation for newly diagnosed HIV patients, rapid HCV initiation may reduce HCV transmission and morbidity, facilitating eradication

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2018 HCV Connect-to-Care Cascade

