

### 2201. Prevalence of Hepatitis C in Adults Presenting to Emergency Departments in a Large Hospital System in Texas

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**Session:** 238. Hepatitis A, B, and C  
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**Background.** Hepatitis C is a chronic life-threatening disease which is curable. However, ~60% of Hep C-infected individuals are unaware of their infection status. The majority of Hep C has been documented in baby boomers (born 1946–1965; PMID:22895429).

**Methods.** Prospective case study of adults presenting to the Emergency Departments (EDs) of a large not for profit hospital system in the Houston, Texas area. Adults presenting between March 2013 and October 2016 were eligible for testing for antibody to Hep C (Gilead).

**Results.** Over the 3.5 years study, 8,159 patients presenting to nine participating EDs in the Houston, Texas region were screened for Hep C. There were 744 (10.0%) individuals found positive. Prevalence of Hep C by testing ED ranged from 4.0 to 13.7% ( $P < 0.001$ ) and males (11.8%) were significantly ( $P < 0.001$ ) more frequently positive than females (6.6%). When parsed by age categories; individuals born before 1946 (3.8% Hep C positive) had a significantly lower ( $P < 0.001$ ) prevalence of Hep C than cohorts born between 1946 and 1965 (9.6%+) or after 1965 (9.2%+).

**Conclusion.** Hep C is prevalent in adult patients presenting to EDs in the Houston, Texas region. The 10% Hep C positivity rate is similar to that found (11.6%) in another Gulf state, Alabama (PMID: 26611776). Our findings differ in that prevalence in individuals born after 1965 was as high as that for baby boomers.

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### 2202. The Hepatitis C Virus Cascade of Care at Stony Brook University Hospital: Risk Factors for Linkage to Care

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**Background.** Huge efforts are being made to screen high-risk populations for Hepatitis C virus (HCV) infection, however linkage to care (LTC) rates remain low. The aim of this study was to assess the factors affecting LTC among HCV positives in a major tertiary academic medical center in eastern New York.

**Methods.** A retrospective chart review was performed on all patients with ICD-9 or 10 diagnostic codes for HCV positive antibody over a period of 2 years (2016–2017) at Stony Brook Medicine. Data were collected for HCV RNA, LTC, demographics, type of insurance, employment status, psychiatric diagnosis, comorbidities, HIV or HBV coinfections, substance use disorder, and level of fibrosis. Univariate and multivariate analyses were performed to find associated factors with LTC.

**Results.** A total of 600 cases (62.6% male; 74% White; median age: 59 years) had a positive HCV antibody, 264 (44.4%) had a positive follow-up HCV RNA test and 138 (52.2%) were LTC. The average time for LTC was 1.5 months (50 days; interquartile range 21–121). In the univariate analysis, the following factors were significantly associated with LTC: older age (OR 1.022), having medicaid (OR 0.421), people who inject drugs (PWID) (OR 0.216), cocaine and marijuana use (OR 0.457), polysubstance use (OR 0.311), having a primary care provider (OR 2.290) and being a baby boomer (OR 1.718). The vast majority of patients came from three zip codes within south central Suffolk County, coinciding with the highest prevalence of heroin use.

**Conclusion.** In this population insurance type, younger age and substance use (injection drugs, marijuana, cocaine, polysubstance) were associated with lower odds of LTC. Having a primary care provider and being a baby boomer were the only two independent risk factors associated with increased odds of LTC. Due to an increased number of HCV cases in younger populations, particularly PWID, further outreach efforts are urgently needed to spread HCV screening awareness and increase testing in high prevalence areas.

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### 2203. Risk Factors for Hepatitis C in Western Africa: An Observational Study in a STI Clinic

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**Background.** The pattern of hepatitis C virus (HCV) transmission routes in sub-Saharan Africa (SSA) has not been previously well characterized. A recent meta-analysis reported a general population HCV prevalence of 5.4% and HIV co-infection prevalence of 3.6% in SSA, with considerable regional variation.

**Methods.** A cross-sectional study was performed in Kumasi, Ghana. Subjects were recruited from patients attending an STI clinic at a government-supported health center. Subjects completed a survey emphasizing known risk factors for HCV, including sexual behaviors, to capture potential routes of exposure. Surveys were administered in Twi, the local language, with the assistance of trained interpreters. Blood samples were collected and tested for HCV antibodies using DiaSpot Anti-HCV Rapid Screen Tests (USA). Data were analyzed using univariate analysis and logistic regression using SAS 9.4.

**Results.** Of the total 312 subjects, 15 were HCV positive (prevalence 4.8%). The HIV-HCV co-infection prevalence was 5.5%. After adjusting for age and sex, statistically significant associated risk factors for HCV infection ( $P < 0.05$ ) include no/low level of education vs. tertiary (OR 5.0), northern region of birth vs. central region (OR 7.3), and traditional body scarring (OR 4.1). Rough sexual practices, ie dry sex, sores, were also explored and were associated with HCV infection ( $P = 0.02$ ). Post-hoc stratified analysis of HIV-infected individuals ( $n = 201$ ) was performed to identify risk factors among those with HCV co-infection. Significant risk factors ( $P < 0.05$ ) in this sub-population include northern region of origin (OR 12.4) and traditional scars or marks (OR 4.6).

**Conclusion.** Two risk factors for HCV infection, ie region of birth and traditional scarring, were significant in both the total clinic population and HIV co-infected individuals suggesting cultural practices are contributing to an increased risk of infection. Among HCV positive individuals, rough sexual practices were significant risk factors; whereas, IV-drug abuse was not. While HCV treatment exists, it is not currently available in West Africa; therefore, it is critical to identify risk factors to best target education programs and screening of populations to limit disease spread.

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### 2204. In HCV-Infected Patients, Internalized Stigma, but not Experienced Stigma, Is Correlated with Psychological State and Health-Related Quality of Life: Baseline Data from the PROP UP Study

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**Background.** Chronic viral infections often give rise to stigma, whether experienced from others and society or internalized as feelings of shame or embarrassment. Stigma in turn may influence psychological state and health-related quality of life (HRQOL). Stigma in hepatitis C virus (HCV) infection has been studied qualitatively. However, a quantitative analysis of experienced stigma (ExpSt) and internalized stigma (IntSt) in people with chronic HCV infection has not yet been reported.

**Methods.** The SSCI-8 scale, also known as the NeuroQOL-Stigma, is an eight-item patient reported outcome (PRO) instrument validated in the NIH PROMIS collaboration. Of the SSCI-8 items, six are associated with ExpSt and 2 with IntSt. The SSCI-8 was administered to 1,602 participants with HCV infection at the baseline visit of the PROP UP Study, an investigation of PRO before, during, and after HCV therapy. The subscores (ExpSt and IntSt) were each examined for association with demographic factors (DF: age, birth sex, race, educational level, household income, marital status, and employment status). Multivariate linear regression, adjusting for DF, was used to evaluate correlation of ExpSt and IntSt to PRO measures tapping mental health constructs (depression, anxiety, anger, fatigue, and sleep disturbance) and overall HCV-specific HRQOL (the HCV-PRO scale).

**Results.** Of the 1,602 participants receiving the baseline survey, 1,300 answered all eight stigma items; of this subset, less than 10 had missing data for any other individual question studied. IntSt items were endorsed more frequently (55.8% at least 1 of 2) than ExpSt items (38.8% at least 1 of 6;  $P < 0.001$ ). In multivariable analyses, ExpSt was independently correlated with age, marital status, and employment status; and IntSt with all DF except education. After adjusting for DF, IntSt, but not ExpSt, independently predicted depression ( $\beta = 2.2$ ), anxiety ( $\beta = 2.1$ ), anger ( $\beta = 1.9$ ), fatigue ( $\beta = 2.0$ ), sleep disturbance ( $\beta = 1.6$ ), and HRQOL ( $\beta = -6.1$ ; all  $P < 0.001$ ).

**Conclusion.** In persons living with HCV, IntSt (but not ExpSt) is correlated with multiple PRO measures of psychological state and HRQOL.

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