IMPLEMENTING ROUTINE HCV TESTING ALONG THE UNITED STATES-MEXICO BORDER

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The City of El Paso Department of Public Health (CEDPH), “Implementing Routine HCV Testing Along The United States-Mexico Border” program was made possible through a grant from Gilead Sciences, Inc., Frontlines on the Communities in the United States (FOCUS) program. The FOCUS Program is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus (HIV, Hepatitis C, Hepatitis B) screening, diagnosis, and linkage to care in accordance with screening guidelines promulgated by the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF), and state and local public health departments. FOCUS funding supports HIV, HCV, and HBV screening and linkage to the first medical appointment after diagnosis. FOCUS partners do not use FOCUS awards for activities beyond linkage to the first medical appointment.”
LEARNING OBJECTIVES

• Provide City of El Paso Department of Public Health (CEPDPH) routine screening and Linkage to Care best practice to better serve the community
  – Highlight our routine screening protocol to implement and normalize universal HCV testing for everyone
  – Highlight our HCV education and linkage to care protocols for all diagnosed
  – Promote advocacy and capacity building efforts
• El Paso – Juarez (Paso Del Norte) is a the second largest binational metropolitan area along the US-Mexico Border with a combined population of over 2.8 million residents
  – El Paso, TX is the largest border city in the state of Texas, and second largest in the nation with a population of over 820,000
  – CEPDPH also serves the surrounding communities that include Las Cruces, NM and one of the largest US based military installations, Ft. Bliss
HOW IT BEGAN

• In late 2017, CEPDPH implemented HCV as a reportable/notifiable disease with public health follow up
• Simultaneously, CEPDPH implemented routine HCV screening across its sites within the El Paso Region
• For this presentation, we will be demonstrating our efforts using 2018 data
EXPANDING SERVICES

• Implementing routine HCV op-out testing for everyone
  – Preventive Medicine Clinic, HIV Prevention Clinic, and surrounding areas through our outreach efforts
• HCV rapid testing and counseling with blood draw for all preliminary diagnosis through confirmatory HCV RNA testing
• Education and outreach provided to the community
  – Culturally appropriate material
2018 HCV Testing Scale
Ab Testing

January: 486
February: 433
March: 530
April: 506
May: 454
June: 544
July: 518
August: 564
September: 537
October: 737
November: 507
December: 395

0 100 200 300 400 500 600 700 800
0 100 200 300 400 500 600 700 800
January February March April May June July August September October November December

2017 2018
TESTING DATA

- January 2018 – December 2018
  6,211 HCV Ab Tests Performed

HCV Ab+ (97) Seropositivity: 1.6%

- Males: 75
- Females: 22

HCV RNA + (57) Positivity: 59%

- Males: 46
- Females: 11
**HCV RNA+ Birth Cohort/Non-Birth Cohort**

- Birth Cohort: 60%
- Outside Birth Cohort: 40%

**HCV RNA Injection Drug Use (IDU) N=34**

- Outside Birth Cohort IDU: 56%
- Birth Cohort IDU: 44%
HCV Reportable Cases 2018

January: 81
February: 57
March: 70
April: 77
May: 54
June: 60
July: 64
August: 57
September: 54
October: 40
November: 61
December: 46
ROUTINE HCV TESTING
BEST PRACTICE

- Develop appropriate protocols to establish eligible patients
- Develop smart algorithms for the electronic medical record (EMR) to determine eligibility
- Train staff on testing protocols to ensure successful scaling of testing
- Implement continuous quality improvement (CQI) methods to understand challenges and develop solutions in real-time
TESTING & LINKAGE TO CARE OPPORTUNITIES

- Normalizing screening
  - Better opportunity to test the population
- Ability to educate patients about HCV
  - Improvements in treatment options
  - Community options for linkage
TESTING & LINKAGE TO CARE CHALLENGES

- Lack of insurance
- Lack of housing or transportation
- Immigration status
- Current Substance Use
- Insufficient knowledge about HCV
- Lack of support from family members and/or friends
- Mental illness
- Stigma
LINKAGE TO CARE
BEST PRACTICES

• Dedicated, knowledgeable, available, and hands-on staff
• Partnering with FQHC’s, County Hospital (UMC), and a network of specialists
  – Warm hand off referrals
• Designate a company vehicle to help with clinic transportation
• Referrals to shelters or agencies that will provide free transportation to and from doctors appointments
• Meeting them where they are – harm reduction
• Providing testing and linkage while in mental health facilities
ADVOCACY EFFORTS AND CAPACITY BUILDING EFFORTS

- Creating the El Paso HCV Task Force
  - Includes the CEPDPH, FQHC’s, Primary Care Physicians, Substance Use Centers, Hospitals, Pharmacies, etc.
- Hepatitis C Support Group
- Community HCV Presentations
  - Clinics, Correctional Institutions, Substance Abuse Professionals
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  – HIV Prevention Program
  – The Preventive Medicine Clinic
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THANK YOU

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