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INTRODUCTION

- **Women of childbearing age** with hepatitis C virus (HCV) are a key population for **prevention of vertical transmission** and improvement of maternal health outcomes.
- However, **women** are **less** likely to initiate direct acting antiviral (DAA) **treatment** compared to men, and **younger** age is associated with **lower** odds of receiving DAA in general.
- We identified a **cohort of women** in San Francisco with **untreated or incompletely diagnosed HCV** and implemented a targeted intervention to improve **linkage** to HCV **care**.

AIM

To design, implement, and evaluate a prospective intervention to identify women of childbearing age with untreated or incompletely diagnosed HCV and link them to HCV care.

METHOD

- Design: Prospective **cohort** study in San Francisco Bay Area.
- Population and Inclusion Criteria: All **women 18-50 y.o.** seen 2019-2024 at a large urban healthcare system with **EMR data**:
 - Detected** or quantifiable **HCV RNA** at most recent testing.
 - Reactive HCV antibody** without any RNA testing.
- **Manual chart review** conducted by trained navigators to extract additional lab data from outside laboratories. Patients were then **categorized** as:
 - **Requiring outreach** (RNA +, no RNA testing, no SVR labs).
 - **Not requiring outreach** (RNA undetectable).
- **Navigators called** all patients requiring outreach at least 3 times.
- **Successfully contacted** patients were offered 1) **HCV RNA testing** and other relevant bloodwork at the lab of their choice, and 2) a **telehealth linkage visit** with an **HCV provider** or with a mobile van.

KEY TAKEAWAY

Outreach to young women with untreated or incompletely diagnosed HCV can be achieved. EMR-based patient identification followed by telephone contact reached 44% of this population.

RESULTS

Cohort: EMR query identified **266** women age 18-50 who met EMR inclusion criteria.

- After **manual chart review**, the **cohort** consisted of **95** women with viremia or incomplete RNA testing.
- 171 had outside data showing SVR, negative RNA testing, or other reasons outreach was not needed.
- Demographics of the cohort of 95 women are shown in Table 1.

Intervention: **Successful telephone contact** was achieved in **44% (n=42/95)**.

- Around 60% of the cohort (n=25) agreed to a laboratory and/or linkage visit.
- Of those, **10** were confirmed currently **viremic** and **6** had **undetectable RNA**; the remaining 9 have not completed RNA testing to date.

Outcomes: All patients received their results and among the **10** women who were found to be **viremic**:

- **4** have been started on **DAA therapy**.
- 2 did not show for linkage visit.
- 4 were unreachable by telephone for scheduling.

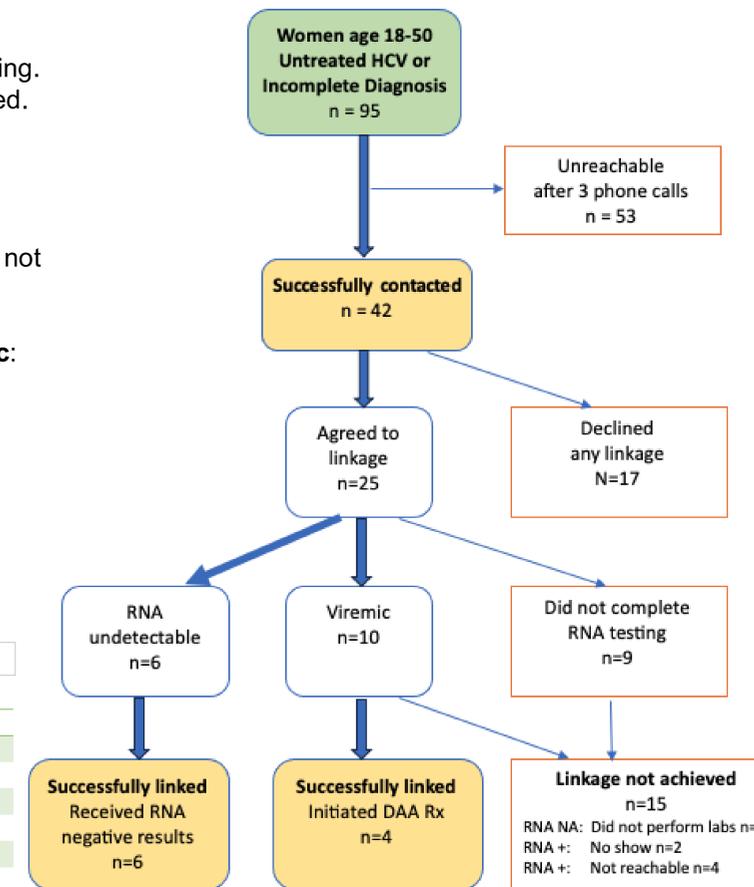
Summary Linkage Results: Among the **42** women successfully contacted by telephone:

- **10 (24%)** → **successful linkage to care**.
- 17 (40%) → declined linkage.
- 15 (36%) → unsuccessful linkage.

Table 1. Baseline characteristics and demographics of women meeting outreach eligibility criteria.

Demographics – n (%)	Total n = 95		
Age in years – mean (SD)	38.8 (6.9)	Designated PCP	7 (7%)
Race/ethnicity		Ever seen by Hepatology	16 (17%)
Non-Hispanic White	56 (59%)		
Asian	6 (6.3%)	Diabetes	2 (2%)
Latinx	7 (7.4%)	Hypertension	14 (15%)
Black/African American	7 (7.4%)	Hyperlipidemia	4 (4%)
Other	19 (20%)	Osteoporosis	0
Primary Language		Depression	11 (12%)
English	90 (95%)		
Non-English	5 (5%)	Cirrhosis	5 (5%)
Ever HCV Ab Positive	55 (58%)	Alcohol Use Disorder	6 (6%)
Ever HCV RNA Positive	61 (64%)	Steatosis	2 (2%)
Ever HCV diagnosis by ICD	50 (53%)	MASH	1 (1%)
Ever prescribed HCV medication	15 (16%)		
Currently Viremic	61 (64%)		

Figure 1. Cohort identification and linkage to HCV care results.



CONCLUSIONS

- **EMR-based data** can identify patients with **untreated or incompletely diagnosed HCV**, though **manual chart review** remains essential for **accuracy**.
- **Dedicated navigation** led to successfully contacting **44%** of the cohort.
- Healthcare systems **can and should re-engage** and make HCV care easily available to **high-risk populations**.

REFERENCES

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