








# The Maryland HCV Testing and Linkage to Care Program: Partnering with Local Public Health to Expand Access Throughout the State

 TARGET POPULATION	People living with and at risk for acquiring Hepatitis C (HCV)
 LOCATION	Maryland
 PROGRAM DESIGN	Partnering with local public health to increase HCV testing and linkage to care in Maryland
 ESTIMATED COST	\$321,000
 FUNDING SOURCE	State Funds and Centers for Disease Control and Prevention's Improving Hepatitis B and C Care Cascade, Focus on Increasing Testing and Diagnosis Grant

## SUMMARY

**The HCV Testing and Linkage to Care Program is a Maryland Department of Health initiative, piloted in February 2017, to increase the number of Marylanders that are made aware of their hepatitis C (HCV) status and successfully linked to care in the community. This program was developed to expand HCV testing services, infrastructure, and coordination in local jurisdictions lacking this much-needed support. The long-term goal of the program is to ensure that targeted testing services are available in all counties in Maryland, paying special attention to high burden jurisdictions and reaching people most at risk for HCV.**

remain and a large percentage of people living with HCV are still unaware of their status.

## CORE ACTIVITIES

The Maryland Department of Health established a multi-jurisdiction HCV testing and linkage to care program in collaboration with local public health and community leaders to respond to the gaps that exist in diagnosis and linkage to care. Currently, there are four local health departments that participate in the program and an additional four local health departments that are planning to enroll. The HCV Testing and Linkage to Care program aims to target and prioritize testing among individuals most at risk including baby boomers, people who inject drugs, people in correctional facilities, people experiencing homelessness, men who have sex with men (MSM), and people living with HIV and viral hepatitis coinfection.

At the start of the program, all local health department staff received training on general HCV counseling messages, testing services, reporting requirements, and linkage to care practices. In addition, local health departments were required to identify and establish referral relationships with labs to support HCV RNA testing and local clinical providers to ensure linkage to quality HCV care. Each local health department has distinct programs, workflow, settings where testing is offered, and priority populations that are served. In general, HCV testing is offered on-site at the local health department's STD clinic and/or off-site at outreach events, syringe service programs

## BACKGROUND

HCV poses a significant threat to the health of Maryland residents. In 2016, the rate of acute HCV infection (0.8 cases per 100,000 people in 2016) surpassed the national rate (0.7 cases per 100,000). From 2010 (103.4 cases per 100,000) to 2016 (133.5 cases per 100,000), the rate of chronic HCV increased by almost 30.0 percent with 8,004 cases reported in 2016. For a number of reasons, this is likely an underestimate of the true burden of this epidemic in Maryland. The Maryland Department of Health has established programs that focus on key HCV activities including enhanced surveillance, increased screening in key populations including corrections, and integration of HCV screening and treatment into primary care and other settings. However, challenges

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(SSPs), homeless shelters, or recovery and residential treatment centers. Once contact is made with a client, educational messages are delivered on risk factors and preventable actions. If a person is identified as HCV antibody positive, the patient is provided an RNA test. If the RNA test result is positive, the local health department's staff contacts the patient to provide test results and offer assistance with linkage to appropriate care.

The local health department's staff also reaches out to providers to ensure that the client is linked to care (defined as having attended their first appointment). If the client misses his or her initial appointment, staff at the local health department follow-up with three phone calls before considering the patient as being out-of-care.

The Maryland Department of Public Safety and Correctional Services (DPSCS) also participates in the program. Hepatitis C disproportionately affects individuals who are currently incarcerated and individuals with a history of incarceration making departments of correction crucial partners in HCV testing and care efforts. The Maryland Department of Health supports two Linkage-to-Care coordinators to ensure that inmates are being tested 30 to 60 days prior to release and are linked to care upon release. The Linkage-to-Care coordinators work to establish strong relationships with community providers in Baltimore City and surrounding counties to ensure continuity of care. If incarcerated individuals are released prior to being linked to care, DPSCS works with Baltimore City and Baltimore County to re-engage those individuals in care.

### DATA

During the period of the program (February 2017-February 2018), participating local health departments tested 708 individuals for hepatitis C and 64 of those individuals tested positive for anti-hepatitis C antibodies. Of the 64 antibody-positive individuals, 42 received RNA testing and 28 out of 42 individuals were RNA-positive. The four local health departments yielded a 9.04% average positivity rate. RNA testing and linkage to care is still ongoing for a number of these clients.

### FUNDING & COST

The HCV Testing and Linkage to Care Program is supported by Maryland Department of Health through support from the State and CDC. The program provides rapid HCV test kits to local health departments and the DPSCS. The local health departments contribute HIV Prevention staff time to work partly on the HCV Testing and Linkage to Care Program. The DPSCS contributes staff time to test and link individuals to care upon release from prison. Funds are allocated to the DPSCS to support two Linkage to Care Coordinators to build a network of services in Maryland to link recently released individuals to hepatitis C care. Minimal staff support and training at the four local health departments is supported by a cooperative agreement with CDC.

### STRENGTHS

- The program is garnering significant interest and support. Following the pilot of the program, several local health departments have requested to participate which provides an opportunity to continue to increase the availability of testing across the state.
- The program is providing local health departments with a better understanding of HCV and risk factors for infection within their respective communities. As a result, local health departments have identified and established relationships with HCV treating providers, venues, and individuals in their communities.
- Most importantly, the program is successfully diagnosing persons living with HCV and linking them to quality care. • All clinics are reporting aggregate data from their EHR quarterly to help monitor the impact of provider education on client care

### LIMITATIONS

- Clients in residential treatment centers are often unable to leave the treatment site and as a result are unable to engage in HCV care unless it is offered by the site. Efforts are being made to provide post-treatment linkage of these clients to local HCV care providers.
- People who inject drugs may experience collapsed

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veins as a result of repeated injections. This makes it challenging to complete a blood draw to facilitate RNA testing. However, sites have established protocols to overcome these circumstances such as making other attempts with a more experienced phlebotomist or other clinical staff or referring the client to their primary care provider. Alternatively, the client may be referred to care without confirmatory test results.

- Agencies that do not have clinicians or phlebotomists available to do outreach are unable to obtain blood samples for RNA confirmatory testing in the field. In this case, clients are referred to the local health department, labs, or their primary care provider to have their blood drawn.

### STAKEHOLDERS

Baltimore County Department of Health; Carroll County Health Department; Cecil County Health Department; Harford County Health Department; Department of Public Safety and Correctional Services.

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