**Conference:** Conference on Retroviruses and Opportunistic Infections (CROI)

**Location:** Denver, Colorado

**Dates:** 3/3/2023-3/6/2024

**Deadline:** 9/27/2023

**Title (max. 100 characters -- 95): Using County Notification Data To Characterize Recently Reported Hepatitis C Cases, Los Angeles**

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**Character count:** maximum 2500 characters, including spaces and formatting tags, 1 paragraph per section

##### **Background**

Hepatitis C remains a public health problem with continued incidence and a high proportion of individuals either unaware of their infection or untreated. Using the Los Angeles County hepatitis C registry of notified cases, the University of Southern California and the Los Angeles County Department of Public Health established a novel HCV case-management program. We describe the characteristics of contacted cases and the frequency and correlates of treatment.

**Methods**

##### Volunteer study case-workers contacted Los Angeles County residents with a positive HCV RNA test result reported to the Department of Public Health between January 2021 and April 2022 to assess awareness of their infection status, verify treatment, and counsel untreated cases. We evaluated bivariate associations of race/ethnicity, age, biological sex, insurance status (private, public (Medicare, Medical), and none), and symptomatic status (symptoms vs no symptoms) with treatment status (treated vs. untreated) using a Pearson’s Chi-Square Test. We created a multivariable logistic regression model to assess associations between demographic and clinical characteristics and treatment status.

##### **Results**

Among 403 cases contacted, 227 (56%) had public insurance, 254 (63%) were male, 230 (57%) were 45+ years old, and 181 (45%) were Hispanic or Latino. Eighty-five percent were aware of their positive HCV result, yet 68% never received treatment. Untreated cases (N=295) were predominantly male (65%) and non-White (76%). No statistically significant differences between treatment status existed for race/ethnicity and sex. The multivariable logistic regression model showed public insurance status (vs private odds ratio [OR]: 0.56; 95% CI: 0.32, 0.98), older age group (vs young adults 18-29 years OR: 3.17, 95% CI: 1.23, 8.18), and the existence of symptoms (vs no symptoms OR: 3.70; 95% CI: 2.15, 6.64) were associated with treatment.

##### **Conclusions**

HCV case registry data can be used to inform people about their infection, assess treatment status and counsel untreated cases. Those publicly insured, younger, and asymptomatic were less likely to be treated. Local health departments should use case registry data to help accelerate HCV elimination efforts.

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