**Conference: Consortium of Universities for Global Health**

**DEADLINE: 2/26/24**

**Dates: 3/7/24**

**Abstract Title: HEPATITIS C AMONG LATINX IN LOS ANGELES: DISPARITY AND OPPORTUNITIES FOR PREVENTION**

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**Abstract Text:**

**Background:** Globally, Hepatitis C (HCV) infection leads to 290,000 deaths per year.

Nationally, the HCV-related death rate among Latinx people is higher than non-Hispanic white people. Latinx residents comprise 49% of the Los Angeles County (LAC) population. Project Connect aims to link LAC residents to HCV care. We evaluated treatment disparities and barriers to care among Latinxs.

**Methods:** Trained case workers contacted individuals with positive HCV RNA test results reported to LAC Department of Public Health to assess HCV outcomes. Using Pearson’s Chi-Square Tests, we evaluated associations between provider type, liver disease diagnosis, insurance status, demographic information, and treatment completion. We utilized multivariable logistic regression to determine associations between demographic and clinical characteristics and treatment completion.

**Results:** Of 615 HCV-RNA+ respondents, 254 (41%) identified as Latinx. The majority of Latinx respondents were men (74%), with public insurance (62%) and median age was 52 years. Among Latinx respondents, 47% reported symptoms of liver disease (n=120), and only 25% (n=64) completed HCV treatment. Lack of treatment was associated with insurance and symptom status. Only 11.7% of symptomatic individuals were treated compared to 37.3% of asymptomatic individuals (p<0.01), and 20% of publicly insured individuals were treated compared to privately insured (40%). Reported obstacles to treatment included personal barriers (51%), provider-specific barriers (23%), and barriers accessing care (15%).

**Conclusion:** We reported low HCV treatment rates and multiple obstacles to treatment among Latinx. Future efforts should increase awareness of HCV infection and seek to eliminate barriers through culturally competent education and simplified linkage to care.

**250/250**

**SUBMISSION DETAILS**

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Authors and Affiliations

Presenter Name

Title of the Abstract

**Abstract (250 words or less) in a PDF format.**

**Abstract and format**

Abstracts can be based on any **global health activity** including education, training and research.

Abstracts submitted may contain concise statements of (if applicable):

1. Background: Indicate the purpose and objective of the research or a description of the problem being analyzed or evaluated.
2. Methods: Describe the study period, setting and location, study design, study population, data collection methods of analysis used, and other information as appropriate.
3. Results: Present as clearly and in as much detail as possible the findings and/or outcomes of the study.
4. Conclusions: Explain the potential significance of the findings and/or outcomes of your study and any potential future implications of the results.