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**Title:** Determinants of Hepatitis C Virus Treatment Completion Among Los Angeles County Residents Diagnosed Between January 1, 2021 and April 30, 2022

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**Primary Category:** Infectious Disease

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**Background:** Hepatitis C Virus (HCV) infection is a treatable leading cause of death in the United States. However, there is little population-based evidence to establish determinants of treatment completion. Thus, we undertook an observational study of recently reported cases and treatment outcomes in Los Angeles (LA) County.

**Methods:** We identified residents with a reported positive HCV RNA test result in the LA County registry from January 2021 to April 2022. We interviewed cases about their HCV infection awareness and treatment status. We evaluated bivariate and multivariable associations between demographics and clinical characteristics and treatment completion using Pearson’s Chi-Square Tests and multivariable logistic regression, respectively. Prevalence odds ratios and 95% confidence intervals determined the magnitude of the multivariable associations.

**Results:** Among 611 cases interviewed, the majority were publicly insured (61%), male (65%), and untreated (72%). There were no statistically significant differences in the proportion of untreated respondents in the minority compared to non-minority groups (75% vs 70%, p=0.20). However, Black individuals compared to other ethnic groups had the highest proportion of untreated respondents (77%, p=0.04). A higher proportion of symptomatic compared to asymptomatic respondents were untreated (87% vs 61%, p<0.01). In the multivariable model, Black respondents had 0.4 (95% CI: 0.2, 0.8) times the odds of completing treatment compared to Whites. Asymptomatic respondents had 4.4 (95% CI: 2.3, 8.4) times the odds of completing treatment compared to those symptomatic, adjusted for liver disease diagnosis, insurance status, provider type, heritage and age group.

**Conclusion:** Respondents who were Black and symptomatic compared to those White and asymptomatic were less likely to be treated. Low treatment completion rates suggest the need to establish expanded public health efforts to ensure timely treatment in these populations.

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