

Effectiveness of the implementation of a re-linkage to care strategy in patients with Hepatitis C who were lost of follow-up

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Abstract

Background: In order to achieve the World Health Organization's ambitious goal of eliminating hepatitis C (HCV), we must implement innovative strategies to diagnose and treat more patients. Therefore, our study aimed to identify patients with chronic HCV infection who lost follow-up and offer them re-linkage to care and treatment with direct-acting antivirals (DAAs). **Methods:** We conducted an implementation study of a strategy to contact patients with chronic HCV who were not under regular follow-up in 10 countries from Latin America. Patients with HCV were identified by the international classification of diseases (ICD-9/10) or similar. Medical records were then reviewed to confirm the diagnosis of chronic HCV infection defined as anti-HCV + and detectable HCVRNA. Identified patients who were not under follow-up by a liver specialist were contacted to offer them a medical reevaluation and, eventually, treatment with DAA. **Results:** A total of 3,709 patients were classified as HCV, of which 367 (9.9%) presented undetectable HCVRNA, and 148 (4.0%) were wrongly coded. Overall, 3,194 (86.1%) individuals were identified with chronic HCV infection, 49,9% were male, median age was 61 years (IQR 51-69); 166 (5.2%) developed hepatocellular carcinoma, and 117 (3.7%) underwent liver transplantation. Advanced liver fibrosis (F3-F4) was present in 1,361 (42.6%) patients. A total of 1,764 (55.2%) patients were under close care. Of these, 1,371 (74.7%) received antiviral treatment, 70 (5.3%) did not achieve sustained virologic response, 314 (17.8%) were not treated for different reasons and 133 (7.5%) died. We identified 1,430 (44.8%) patients who were lost of follow-up, 564 (39.4%) of whom were finally located. Of those contacted, 402 (71.3%) were candidates to receive DAAs, 108 (19.2%) were treated in other institutions, 12 (2.1%) did not wish to be treated, and 42 (7.4%) died (Figure). Globally, in our study 786/3,194 (24.6%) patients were candidates to receive antiviral therapies. **Conclusion:** In our cohort, 1 out of 4 patients with chronic HCV could be re-linked to care and treated. This strategy impresses to be effective, accessible and, significantly impact on the HCV cascade to cure.