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Living with Hepatitis C: A Vermont Needs Assessment
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Background

Hepatitis C (HCV)
- Viral infection of the liver spread primarily via blood-to-blood contact (e.g., intravenous drug use [IVDU])
- United States: 3.2 million chronic HCV infections (2010)1
- Vermont: 1.63 cases per 1000 people (2012-2013)2

Barriers to Care
- Exclusion of current IV drug users from HCV treatment programs despite their high rates of infection3
- Lack of support, causing decreased treatment adherence4

HIV and HCV
- Research has shown that the multidisciplinary and integrated HIV model is appropriate for HCV4
- Vermont CARES
  - Non-profit organization that provides comprehensive services to clients with HIV in Vermont

Objectives

- What are the demographics of the most resource-limited HCV positive population in Vermont?
- Does expanding the model of care for patients with HIV at Vermont CARES appeal to patients with HCV?
- Are patients with HCV comfortable receiving services from Vermont CARES?
- Would expanding Vermont CARES case management to include patients with HCV improve their access to care?

Methods

- Conducted a literature review and consulted Vermont experts on HCV
- Distributed a 20-question survey to seven sites across the state over a six-week period to identify the demographics and needs of Vermonters with HCV (Figure 1)
- Data were compiled into Microsoft Excel, and analyzed graphically and using VassarStats with non-parametric statistical methods.

Results

- A total of 48 surveys were collected from clinics, needle exchanges, and case management facilities across the state of Vermont.
- The average annual income of all respondents is $15,000 +/- $7,700 with a male to female ratio of 1.6:1 and an age range from 18-60+.
- 62% of all respondents report having had HCV for 6 or more years.
- 47 out of 48 report having health insurance, with 90% having coverage by Medicare/Medicaid, and 90% having a primary care physician.

Discussion

- Our sample’s proportion of HCV acquisition from IVDU is similar to the national figures (58% vs. 60%).
- Respondents are well-connected to the healthcare system.
- Most respondents (77%) feel that at least one service currently offered by Vermont CARES would be very helpful to them. In addition, patients with HIV are comfortable receiving services from Vermont CARES, with only 4% reporting discomfort. This makes Vermont CARES a very appropriate organization for patients seeking HCV-related support services.
- 75% of respondents reported not currently pursuing HCV treatment. Respondents with case managers are three times more likely to be getting treatment than those without case managers. Expanding case management at Vermont CARES could improve treatment rates.
- It is likely Vermont CARES case management of active IV drug users and others with HCV would result in their successful treatment and a reduced community viral load.

Recommendations

- Vermont CARES should expand its services to include patients with HCV.
- State and federal government should expand funding for HCV treatment in order to support these services.
- Vermont CARES should investigate barriers to patients pursuing HCV treatment in Vermont, including:
  - Access to expensive treatments
  - Exclusion criteria based on IVDU

References