

Hepatitis C (HCV) Care in the Southern Tier

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Background

Hepatitis C in New York State – Key Facts

What is Hepatitis C?

A liver disease caused by the hepatitis C virus (HCV), spread mainly through blood-to-blood contact.

Who's at Risk?

People who injected drugs
Received blood/organs before 1992
Long-term dialysis patients
Infants born to HCV+ mothers
Those with high-risk sexual behaviors or shared personal items

Symptoms & Impact:

Only ~20% show symptoms (e.g., fatigue, jaundice).
75–85% develop chronic infection, risking cirrhosis or liver cancer.

Transmission:

Spread: Shared needles, blood exposure
Not spread: Casual contact, food, breastfeeding

New NYS Law (2024):

New York State's universal hepatitis C (HCV) testing law, requiring healthcare providers to offer screening to individuals 18 and older, and those under 18 with a risk, went into effect on May 3, 2024
All adults (18+) and at-risk youth must be offered HCV screening
Pregnant people screened during each pregnancy
Positive results require confirmatory RNA testing and care referral

Treatment:

Curable with oral antivirals (8–12 weeks)
Most experience few side effects
ree/covered testing available via NYS programs

Methods

1st Meeting with NYSDOH

Goals and purpose of the study were discussed. A knowledge survey would be conducted to understand the level of HCV understanding. A focus group would be conducted to understand HCV awareness, service capacity, and barriers to care.

PH 545 - Population Health II

A literature review on HCV was conducted for background knowledge. The region was narrowed down to Broome, Chemung, Chenango, Cortland, Tioga, and Tompkins counties. Knowledge survey and focus group questions were developed.

IRB Approval

The IRB was approved and the study began.

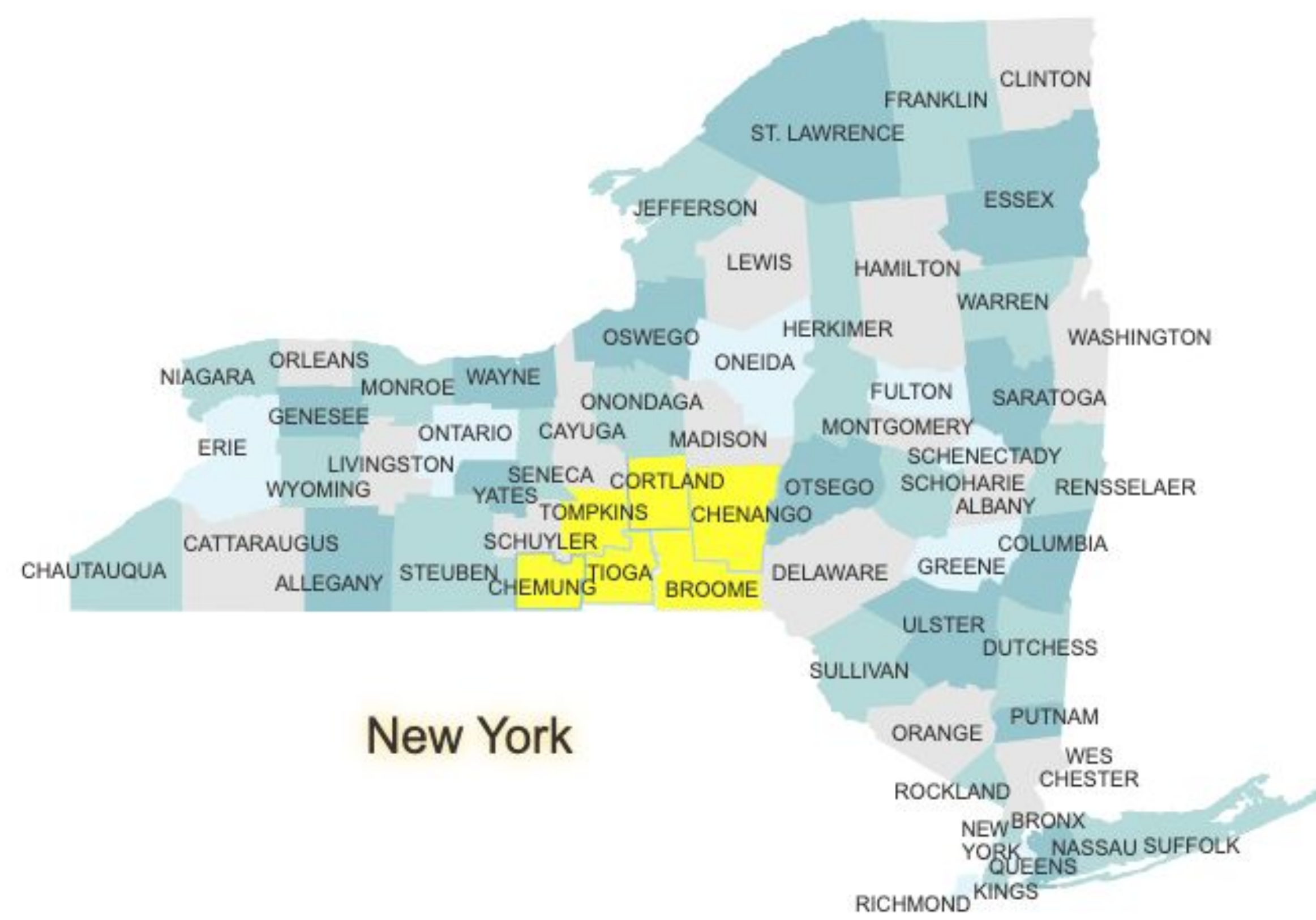
Ongoing Data Collection

Participants are being recruited. Participants must be 18 years or older and work for an agency/organization that provides HCV services. Surveys are being collected through Qualtrics and focus groups are being conducted through Zoom.

Data Analysis

Qualitative data is going to be coded. Quantitative data is going to be analyzed using a spreadsheet.

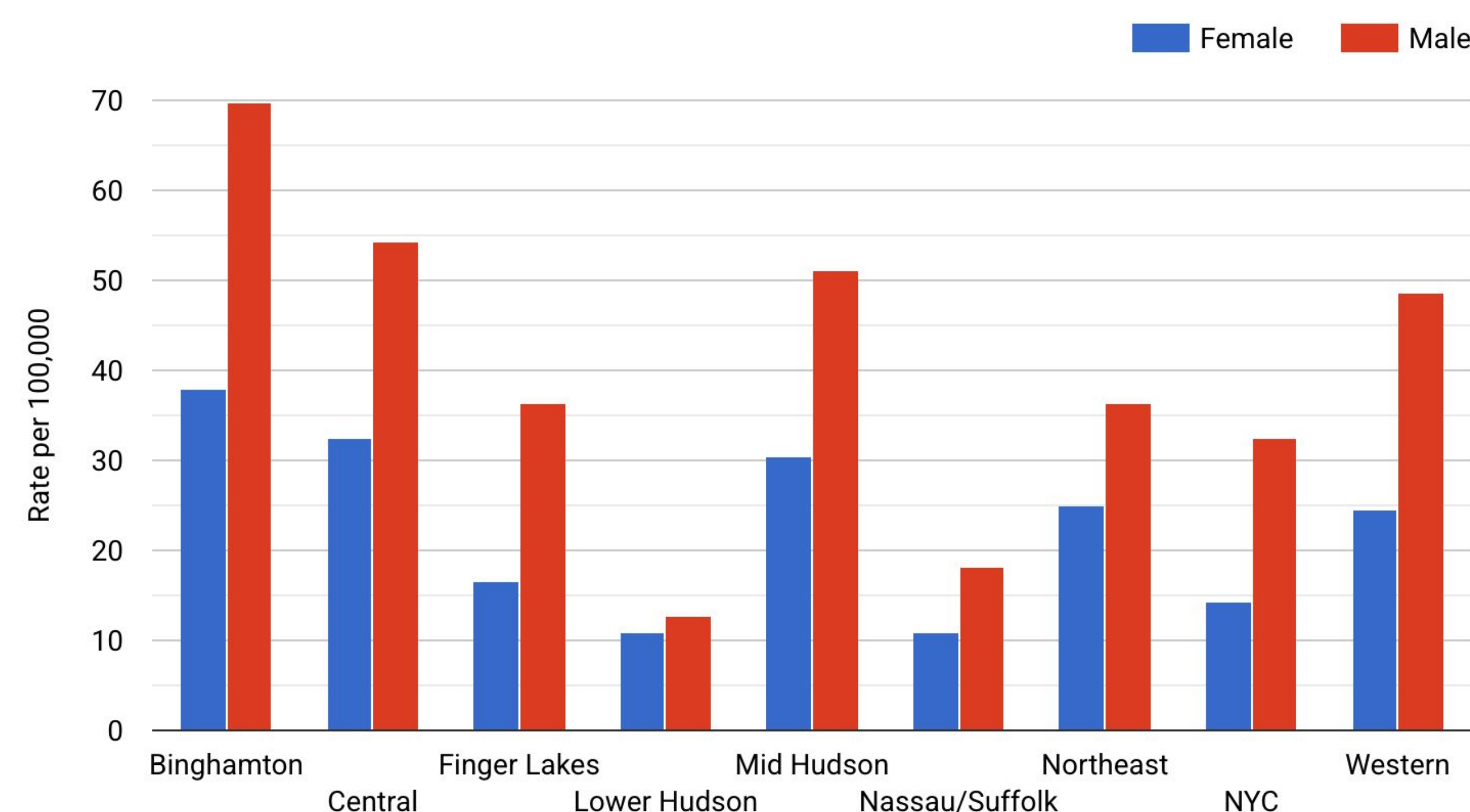
Data and Maps



Map 1. This map highlights the service areas we engaged with in each New York State county.

Hepatitis C Diagnoses Rate

By undefined, 2010-2022



Graph 1. Data Source: Hepatitis Elimination and Epidemiology Dataset (HEED), as of January 2023.
An HCV diagnosis is confirmed through a positive HCV RNA or genotype test. Diagnoses from 2010-2011 may be inflated due to earlier diagnoses not reflected in the dataset. All rates are per 100,000 population (2020).
Age data is available in 7 categories for New York State, excluding NYC, regions, and boroughs. At the county and NYC NTA levels, age groups are split into two categories (<40 and 40+). Sex/gender data is based on laboratory reports and may not align with individual gender identity. Two transgender HCV diagnoses are excluded from sex-based data.

Challenges and Limitations

This project encountered several barriers that influenced our progress and outcomes:

- **Survey Revisions:**
The initial surveys did not meet the data and formatting needs of the New York State Department of Health (NYSDOH), requiring multiple rounds of edits and coordination.
- **Stakeholder Outreach:**
Reaching service providers and organizational leaders was time-consuming. Identifying the correct contacts and receiving timely responses posed significant challenges.
- **Low Focus Group Participation:**
Despite outreach efforts, we received very few responses from individuals willing to participate in our focus group, limiting the diversity and depth of qualitative insights.
- **Communication Gaps:**
Some agencies were unresponsive or hard to reach, which delayed engagement and limited our ability to gather broader input.

Expected Results

Through this project, we anticipate gaining a clearer understanding of the current gaps in hepatitis C services across New York State. By analyzing survey and focus group feedback, we expect to:

- Identify barriers service providers face in delivering hepatitis C care.
- Highlight regional disparities in access to testing, treatment, and education.
- Gather insights to inform NYSDOH's Hepatitis C Elimination Plan.
- Strengthen communication pathways between state agencies and community organizations.

These findings will support the development of targeted strategies to improve outreach, care coordination, and health equity statewide.

Future Research

Future research should focus on:

- **Improved Focus Group Recruitment:** Enhance strategies to increase participation, especially among underserved populations.
- **Regional Disparities:** Investigate geographic variations in hepatitis C care and access, particularly in rural and high-risk areas.
- **Provider Capacity & Training:** Assess healthcare providers' needs for additional training and resources to better manage hepatitis C care.
- **Policy Impact:** Evaluate the long-term effects of NYS Hepatitis C Elimination Plan and mandatory screening policies on diagnosis and treatment rates.
- **Social Determinants:** Explore how socioeconomic factors influence hepatitis C diagnosis and access to care.
- **Innovative Outreach:** Develop new outreach models, such as mobile clinics and community partnerships, to improve service access.

References

