

Resource Summary Report

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Addressing Social Determinants of Health in Linkage-to-Care Interventions for Hepatitis C: A systematic review

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Summary: As of 2017, there were more than three million individuals in the United States infected with Hepatitis C virus (HCV) [1]. Because most cases are asymptomatic, leading to a higher rate of unreported cases, this number is suspected to be much higher. Furthermore, there is a rise of HCV cases, and this increase documented since 2013 is primarily due to injection drug transmission alongside the rise of the opioid epidemic [2]. The Centers for Disease Control and Prevention (CDC) encourages HCV testing for all adults at least once in their lifetime, and those that test positive for HCV should be linked to treatment [3]. In 2013, only 13%-18% of patients with HCV received treatment in that year, indicating that there are barriers to treatment, such as lack of treatment acceptance, co-existing conditions, extensive treatment, side-effects, and access to treatment[4]. Thus, health disparities may ensue and the eradication of HCV as a public health issue becomes even more challenging. Edlin and Winkelstein (2014) suggested that to achieve optimal HCV eradication, social determinants of health, such as homelessness, need to be addressed [5]. Because there is room for improvement in linkage-to-care opportunities, it is important to explore whether linkage-to-care interventions address social determinants of health, and if so, which ones, to obtain a better understanding of what may help improve patient outcomes. References: U.S. Department of Health and Human Services. 2019. Retrieved June 11, 2020, from <https://www.hhs.gov/opa/reproductive-health/fact-sheets/sexually-transmitted-diseases/hepatitis-c/index.html> Centers for Disease Control

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