Acknowledgements: I would like to thank Kelly Strunk for her constant support, resources, and knowledge. Kalala Ngalamulume for his valuable insight and constant encouragement. To Lora, Carla, Ta-Wanda, Dr. Trooskin, Michelle, Rajeev, and Allysa for overseeing my experience and challenging me to utilize my skills to change lives.

Background: Hepatitis C

• Hepatitis C is the most common blood-borne disease in the US—the CDC estimates that 3.2 million individuals are chronically infected.

• If left untreated, Hepatitis C can cause liver fibrosis, cirrhosis, and liver cancer.

• 75%-85% of individuals infected with HCV do not experience symptoms, therefore screening at-risk individuals is imperative.

• There is a cure! New drugs are successful in curing over 90% of individuals with HCV.

Background: Who is at risk?

• All individuals born between 1945 and 1965 (baby boomers)

• Anyone who has come into contact with the blood of an infected individual

• Those who:
  • had organ transplants or blood transfusions before 1992, when blood screening began
  • shared injection drug equipment
  • have had needle stick injuries
  • been in combat
  • received tattoos in conditions that are not properly sanitized
  • have had high-risk sexual contact with an infected person

Field Site Objectives

• Clinical Testing
  • Integrate CDC recommendations for birth cohort Hepatitis C testing into standard workflow
  • Encourage reflexive confirmatory testing

• Community Testing
  • Integrate reflexive confirmatory testing into community based rapid testing programs
  • Training, technology, data collection, and access to lab services
  • Provide linkage to subspecialty care for patients chronically infected with hepatitis C

Field Site Partnerships

Clinical Testing

Community Testing

Patient Navigation

Drexel Hepatology or The Viral Hepatitis Clinic at the Partnership

Field Supervisors: Lora Magaldi, Carla Coleman, Ta-Wanda Preston, and Dr. Stacey Trooskin
Faculty Supervisor: Kalala Ngalamulume

Learning Objectives

• To learn about Hepatitis C from both a social and clinical perspective.
  • Assist in patient linkage to care and locating lost to care patients
  • Shadow testing and education

• To become more familiar with Hepatitis C through data collection, analysis, and presentation of results.
  • Assist graduate students conducting research
  • Geographic Information System (GIS)
  • Survey Methods (RedCap)

• To bridge the booming Hepatitis C problem in the United States internationally.
  • Manage my own Facebook page

New Insights

• Developing communication and technology skills to deliver useful information to patients and those who are interested.

• The ability to adapt and adjust is a valuable skill in this field.

• Networking is important to establish relationships and potential future opportunities.

Acknowledgements: I would like to thank Kelly Strunk for her constant support, resources, and knowledge. Kalala Ngalamulume for his valuable insight and constant encouragement. To Lora, Carla, Ta-wanda, Dr. Trooskin, Michelle, Rajeev, and Allysa for overseeing my experience and challenging me to utilize my skills to change lives.