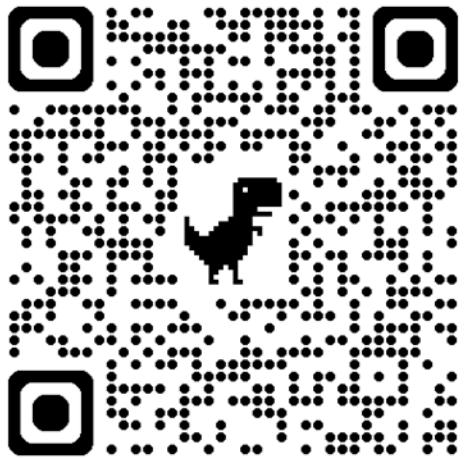


# Re-engagement as an HCV elimination strategy: a scoping review

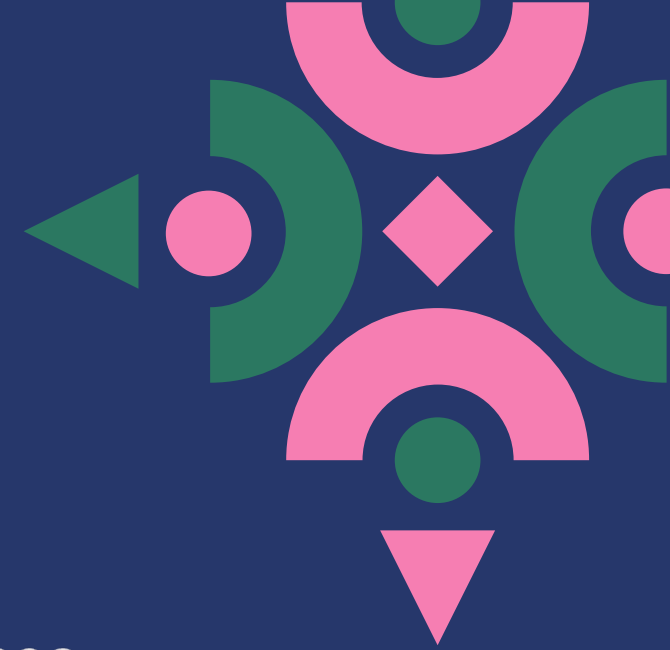
Helen Nde, Brandon Eurich, Homie Razavi  
*Center for Disease Analysis Foundation*



# DISCLOSURE STATEMENT

The authors have no conflicts of interest to declare.

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# AGENDA

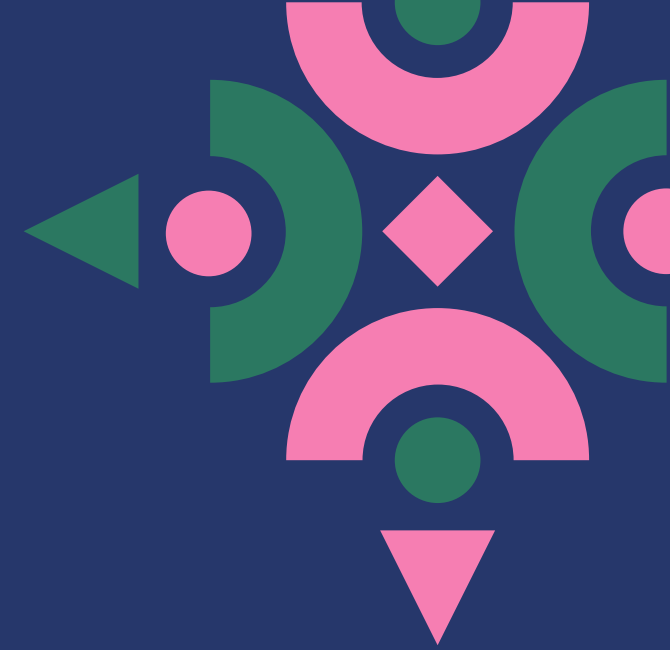
BACKGROUND

METHODS

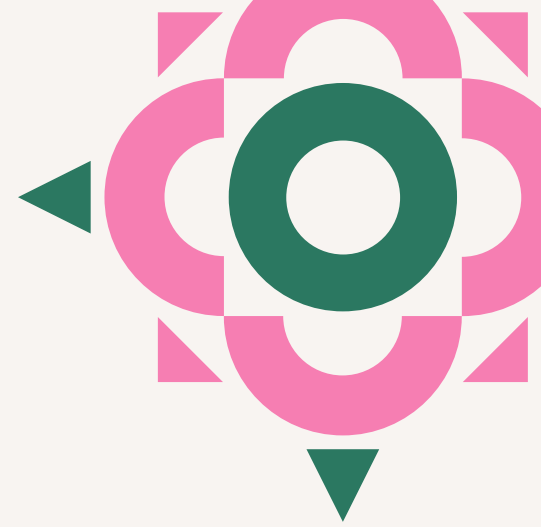
RESULTS

KEY FINDINGS

CALLS TO ACTION

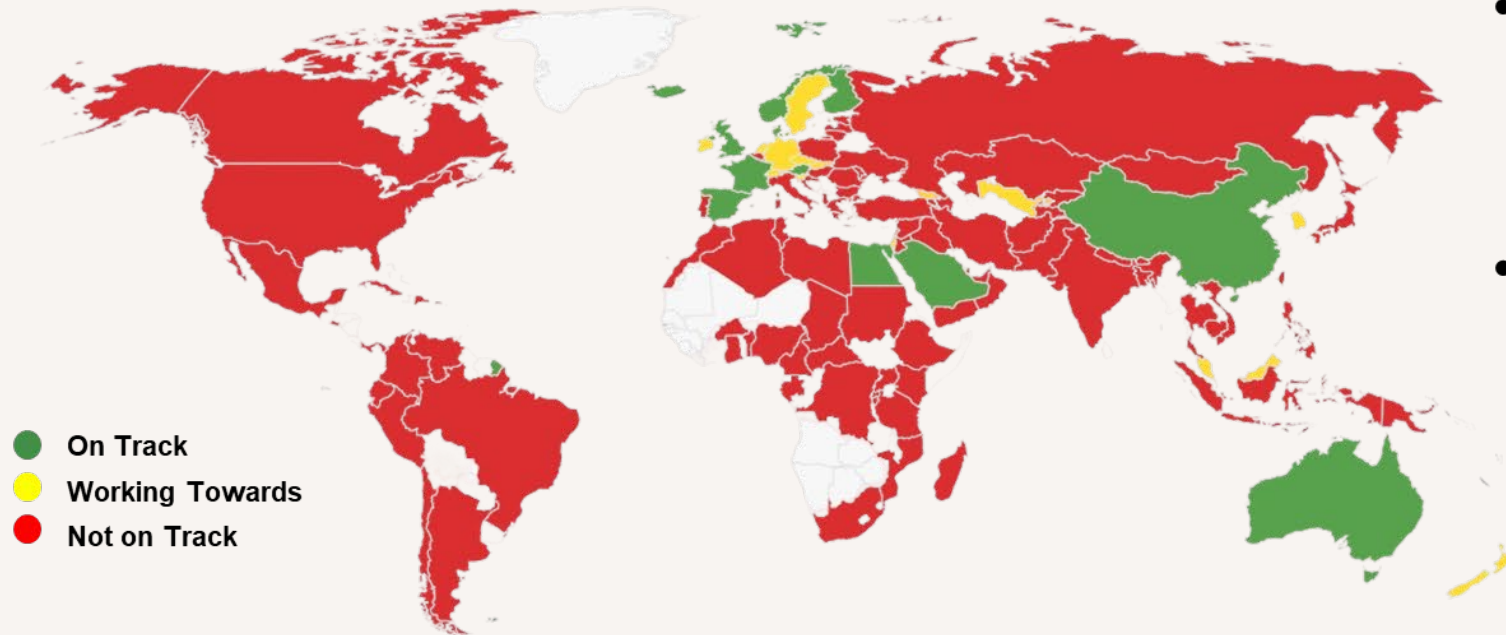


# BACKGROUND



## Locations Achieving Relative or Absolute Impact and Programmatic Targets — HCV

By Country/Territory — Trending 2024 Data



- Only 11% of countries are on track for HCV elimination with <5 years left to 2030.
- Re-engaging diagnosed but untreated individuals addresses an important elimination gap after underdiagnosis.

# METHODS



20,625

Studies From Three  
Rounds of PubMed  
Searches

70

Patient Re-engagement  
Studies

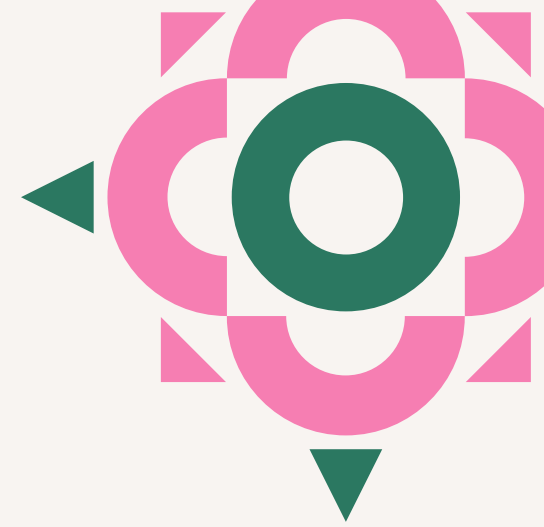
63

Included after  
accounting for patient  
population overlap

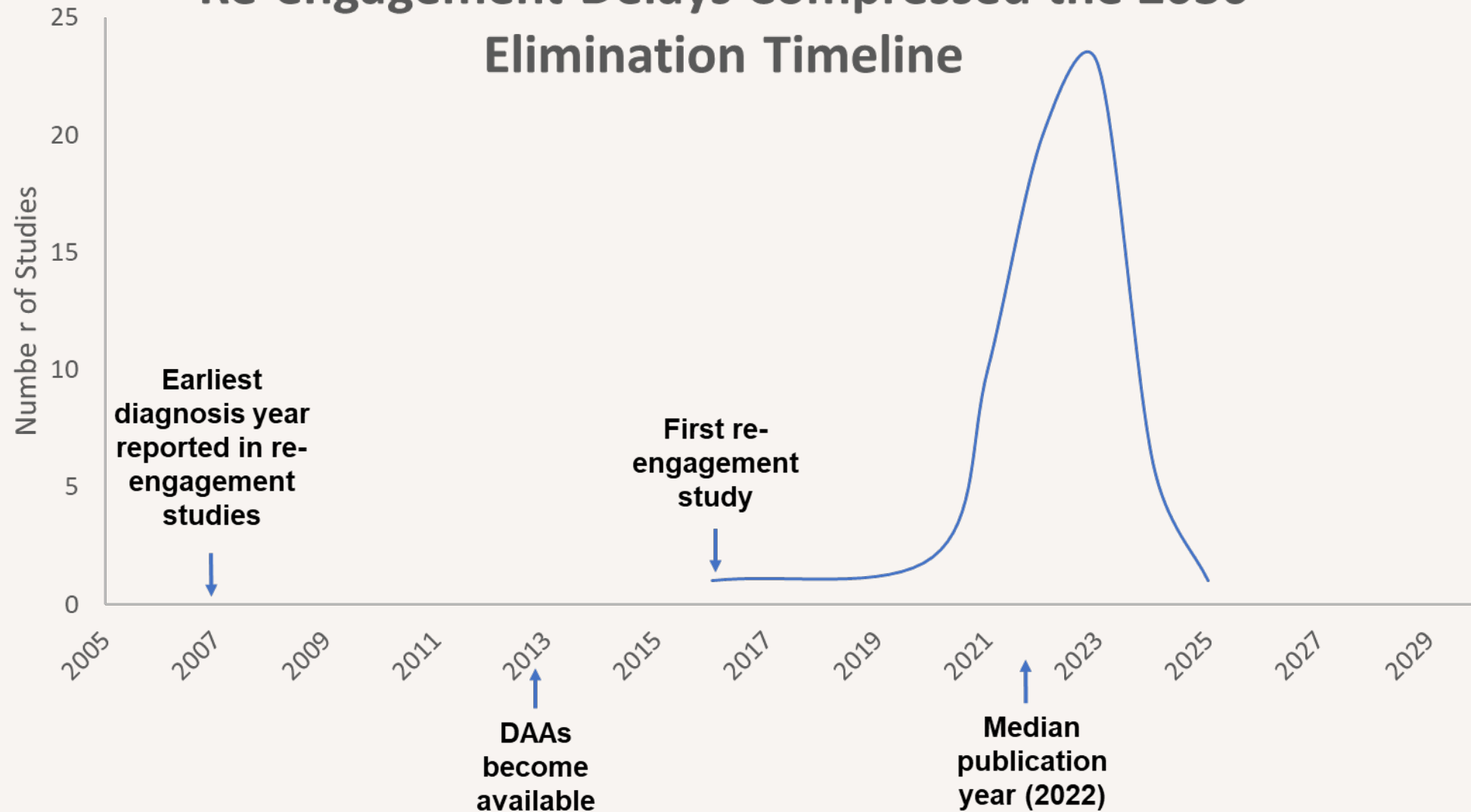
1. Re-engagement targets people already known to the system but disconnected from care due to systemic, social, or informational breakdowns.
2. Studies were included if they described an explicit effort to identify and re-engage individuals designated lost to follow-up.



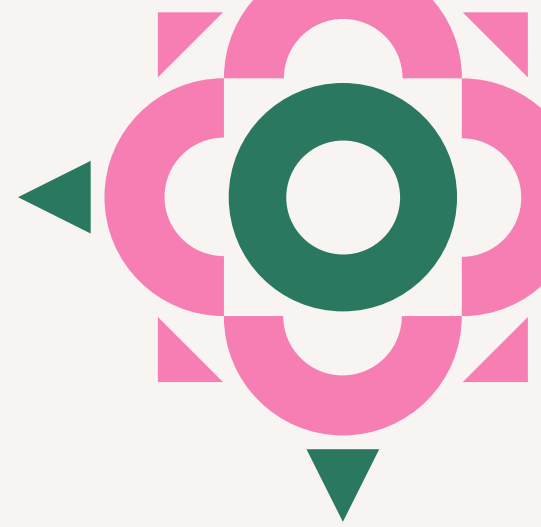
# METHODS



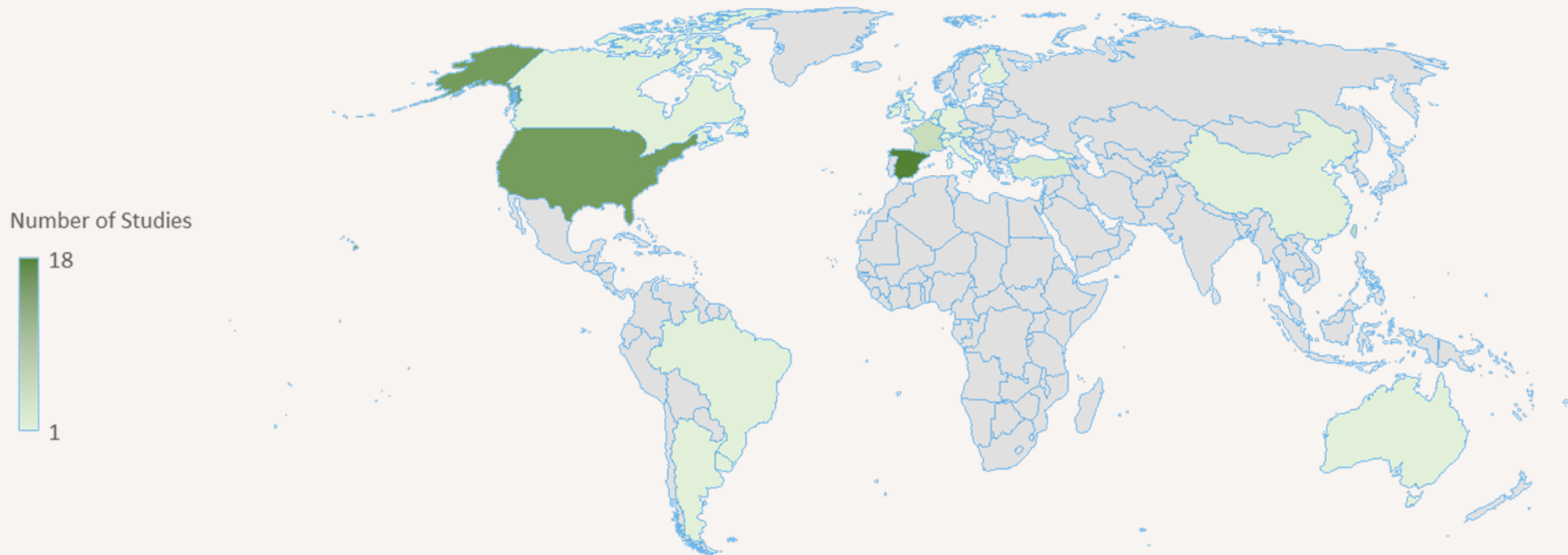
## Re-engagement Delays Compressed the 2030 Elimination Timeline



# RESULTS

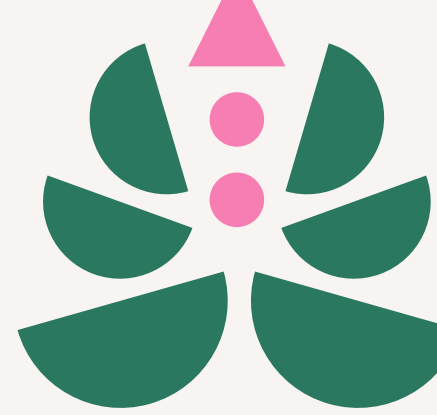


Number of Studies by Country

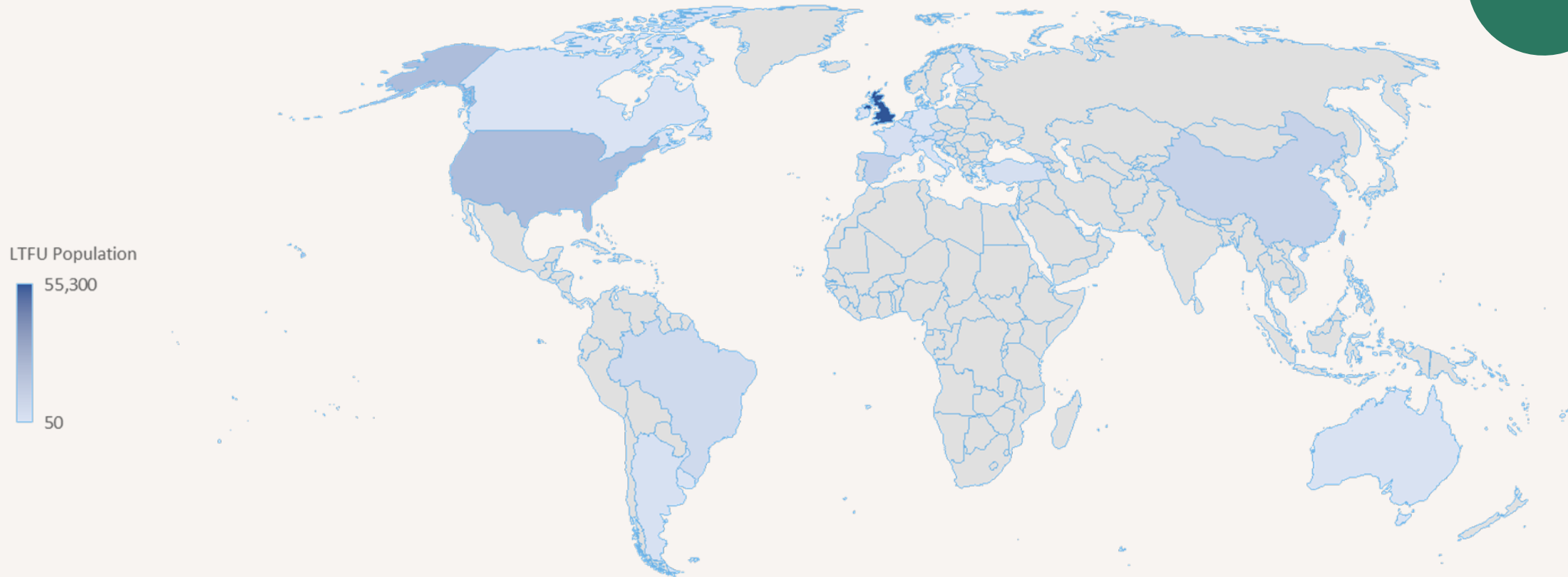


- No studies documented from WHO AFRO, SEARO, EMRO and the eastern part of the WHO EURO. Absence of evidence or Evidence of absence?

# RESULTS



Number of Presumed LTFU Individuals by Country

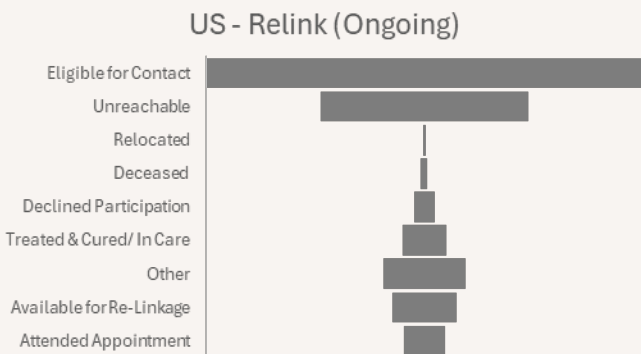
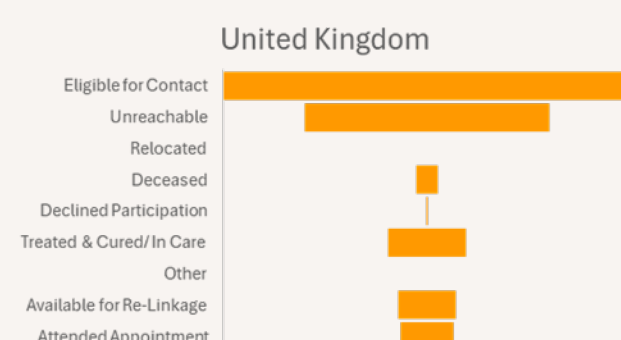
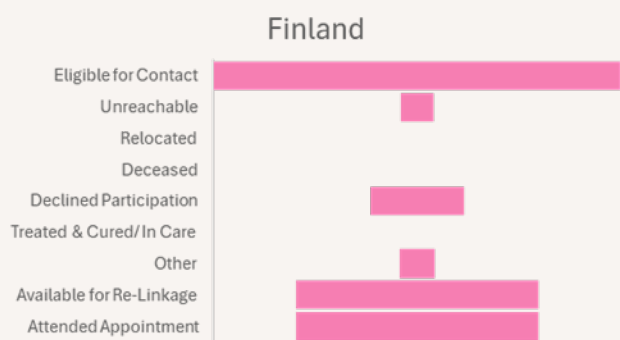
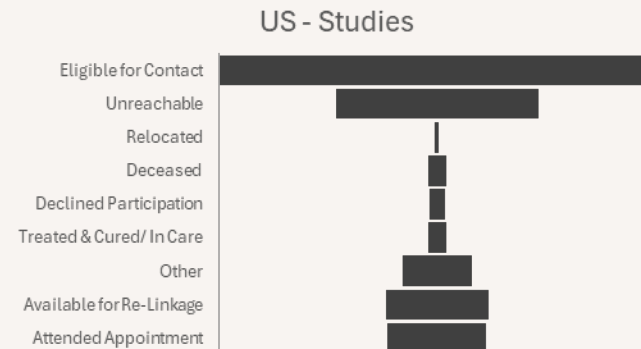
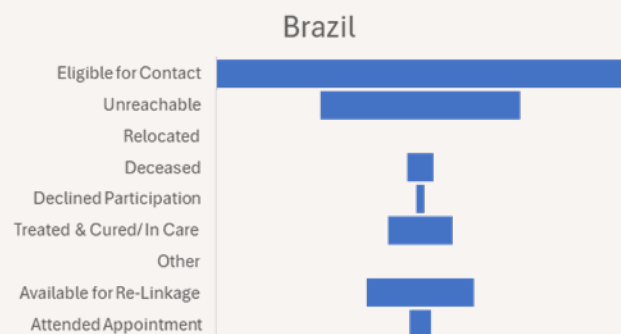
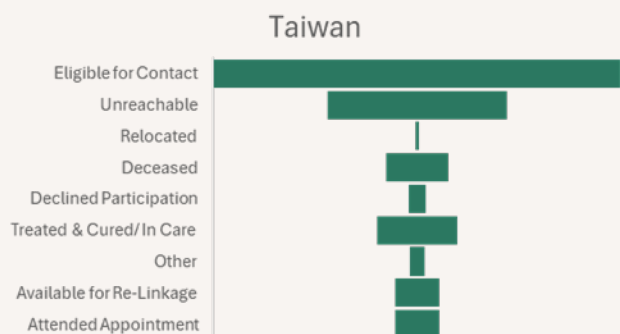


- A large number of studies did not necessarily mean a large target population.



# RESULTS

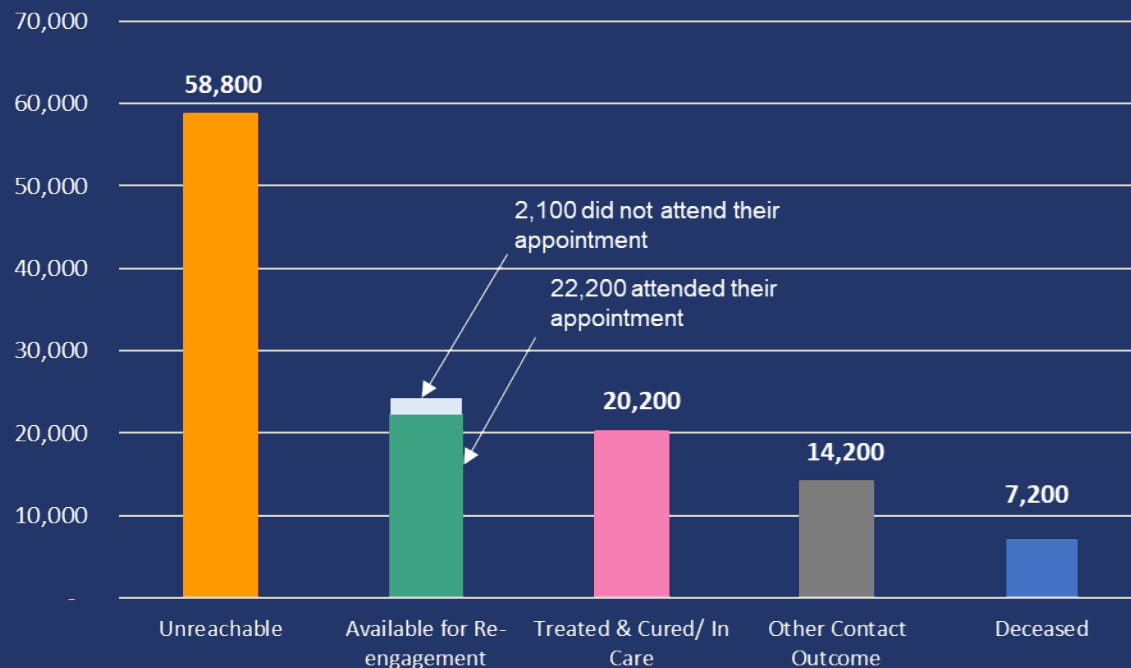
Once people are reached, most agree to care if eligible. Reaching them is the hard part.



# Most re-engagement losses occur at the contact stage

## Published Studies (2016 – 2025)\*

Presumed LTFU individuals with contact attempts n = 125,000



1. Almost half (46.7%) of all contact attempts were unsuccessful.
2. Once contacted and deemed eligible, almost all (91.3%) of LTFU individuals attended an appointment.



# KEY FINDINGS



**1.** High treatment visit attendance among the successfully contacted and eligible.

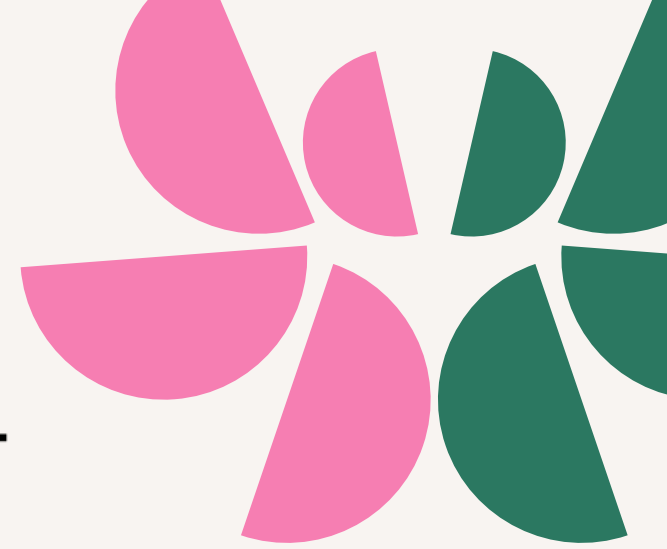
**2.** Contact failure or misdirected follow-up due to incomplete or outdated patient information limits program effectiveness.

**3.** Successful re-engagement requires robust HCV data tracking systems.

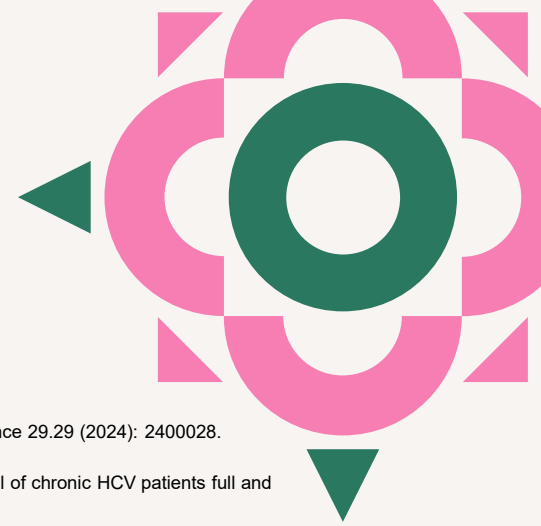


# CALLS TO ACTION

**Re-engagement** is not optional for HCV elimination.



- 1.** **Network** data from different systems to track patient status and update contact information.
- 2.** **Normalize** re-engagement as a core function of HCV programs to avoid resource and labour intensiveness of standalone programs.
- 3.** **Navigate** patients proactively from re-engagement to SVR.

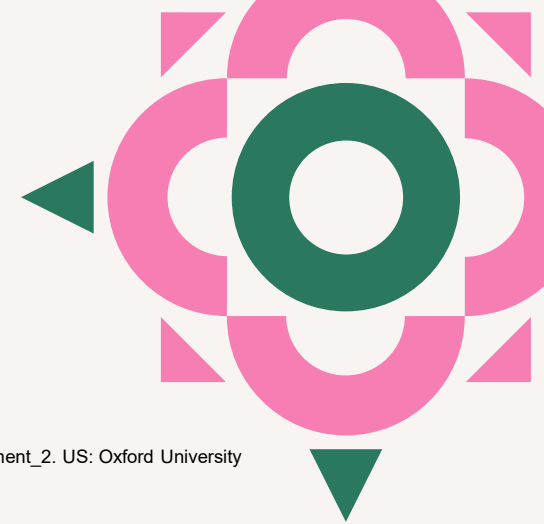


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# THANK YOU!



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