**INTRODUCTION**

- The Netherlands may achieve elimination of chronic hepatitis C (HCV) infection in the near future due to favourable HCV epidemiology and universal access to direct-acting antiviral (DAA) therapy.
- Numbers of HCV patients available for DAA treatment are decreasing.
- Efficient case-finding strategies are necessary to prevent an impending diagnostic burnout.

**AIM**

- Investigate the feasibility of (regional) HCV retrieval of previously diagnosed but lost to follow-up (LFU) patients in the Utrecht province.
- Create a strategy that can serve as a framework for future (national) retrieval initiatives.

**METHOD**

- A regional collaboration was initiated between 4 hepatology treatment centers and 1 diagnosis center.
- A computerized query was performed to retrieve positive HCV immunoblots & HCV RNA's (2001-2015).
- Patient medical records were reviewed to identify LFU HCV patients eligible for retrieval.
- All LFU HCV patients with available address were invited for re-evaluation at the outpatient clinic.
- The outpatient visit included: medical history, physical examination, laboratory assessment and a fibroscan.
- Patients with persistent chronic HCV were referred to a hepatology treatment center for DAA therapy.

**RESULTS (1)**

\[ \text{HCV diagnosis} = 2487 \]

\[ \text{Over (possible) chronic HCV} = 2939 \]

\[ \text{Eligible for retrieval} = 2097 \]

\[ \text{HCV patients traced} = 472(17.4\%) \]

\[ \text{Utrecht residents} = 263(28.3\%) \]

\[ \text{Non-Utrecht residents} = 209(71.7\%) \]

- 14.1% LFU HCV treated patients, 52.6% non-Utrecht residents
- HCV RNA (+) = 42 patients, HCV IgG (+) = 5 patients

**RESULTS (2)**

- **Figure 4.** Follow-up of traced patients with persistent chronic hepatitis C infection
- 5 patients, 2 (5%) cured, current of scheduled treatment
- 5 (24%) in outpatient follow-up
- 2 (25%) not treatment due to comorbidity
- 2 (25%) no no further treatment

**SUMMARY**

- LFU of chronic HCV infected patients occurred frequently over the past 15 years and 14.1% was eligible for retrieval.
- Retrieval of LFU HCV patients is most successful when performed regionally with 28.3% of all patients traced within the region vs. 7.7% in those who live outside the region.
- Of all traced chronic HCV infected patients, 24% had advanced fibrosis (F3-F4).
- Retrieval of chronic HCV infected patients resulted in (scheduled) DAA-therapy initiation in 59% of those patients brought back into clinical care.

**CONCLUSION**

- Retrieval of LFU chronic HCV infected patients by screening of positive HCV laboratory diagnostics is feasible and constitutes efficient and pragmatic case finding strategy.

**REFERENCES**

2. Hill AM et al. “Diagnosis Burn-out” for Hepatitis C; when will countries run out of diagnosed people to treat with DAA’s? Hepatology 2017;Supplement 1 (S22A).