

HCV elimination and the Engagement of People Who Use Drugs

VIRAL HEPATITIS COORDINATOR

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Presentation Objectives

- 1. Center HCV elimination as the framework for HCV programming.
- 2. Explore the origin and developmental history of End Hep C SF.
- 3. Review End Hep C SF activities and impacts.

Research and Surveillance

Testing and Linkage

Community Leadership

Treatment Access

Sharing equipment spreads Hep C

Come get sterile stuff



There is new hope for people with Hep C
Come visit us to talk about the new cure

Glide Harm Reduction Program - 8th floor 330 Ellis Street (between Taytor & Jones) San Francisco, "CA 84102 (415) 874-8188 / hepcilligide.org For more into, visit www.endhepcst.org





New treatments create an unprecedented opportunity

New curative treatment!

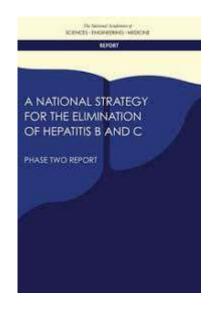
DAAs are simpler, safer and more effective!!





Global and National organizations

make elimination recommendations

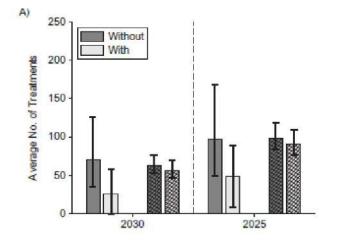




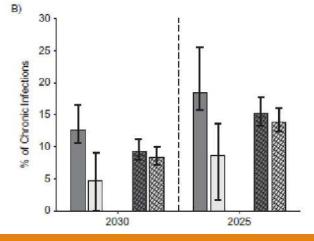
Modeling HCV Elimination

"Modest scale-up of HCV treatment, together with MAT and SSP where needed, can reverse the expanding HCV burden in the United States, reaching elimination goals in 10–15 years.

In urban areas (e.g., San Francisco) with existing moderate to high coverage of harm reduction services, HCV treatment should be scaled up to reduce transmission. Conversely, in US settings with low coverage of harm-reduction services scaling-up MAT and SSP is also necessary to reduce incidence of new and repeat infections, enhancing the impact of HCV treatment as prevention strategies."



Annual number needing treatment per 1000 PWID



Initial percentage of chronic infections requiring treatment



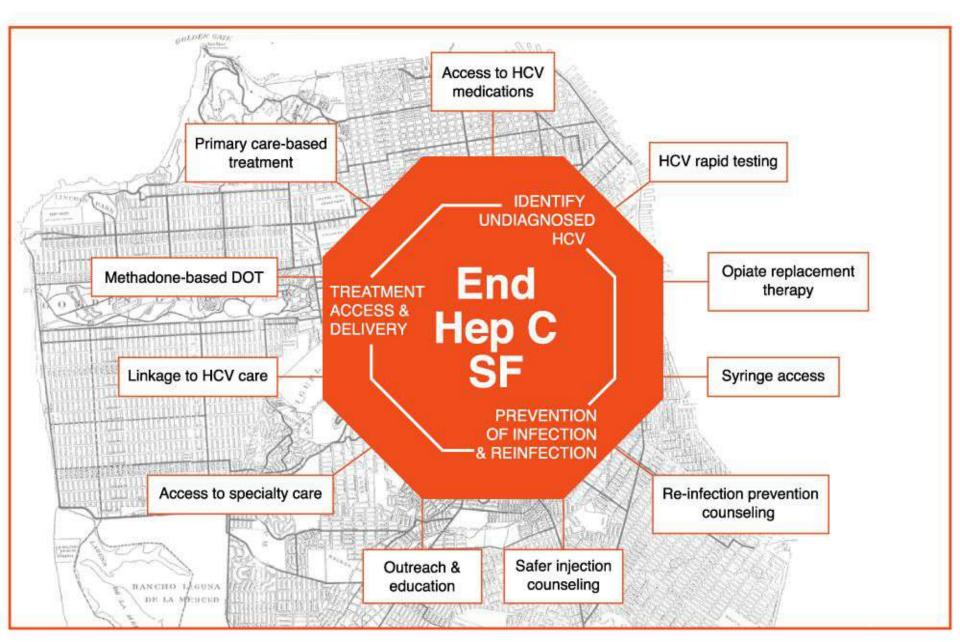
The Feasibility Issue:

What makes HCV elimination possible in SF?

- Compact size (7x7 miles)
- •HIV program infrastructure
 - Getting to Zero initiative
- Drug user health service infrastructure
- Committed medical providers willing to treat HCV
- •Medi-Cal (state Medicaid program) policy made it possible to treat the majority of Medi-Cal beneficiaries
- •UCSF's UFO Study (longitudinal study of HCV among young people who inject drugs)
- •CDC-funded hepatitis surveillance program 2006-2017



What tools can we access to make HCV elimination possible?





Collective impact

Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

Common Agenda

--Keeps all parties moving toward the same goal

Common Progress Measures

-- Measures that get to the TRUE outcome

Mutually Reinforcing Activities

--Each expertise is leveraged as part of the overall

Communications

-- This allows a culture of collaboration

Backbone Organization

-- Takes on the role of managing collaboration

Source: http://www.collaborationforimpact.com/collective-impact/

Community partners





Community Partner Sign-On Notification

shares the vision of hepatitis C elimination in San Francisco driven by broad-based prevention, testing, linkage, and treatment strategies. Our organization partners with End Hep CSF and will offer staff time in initiative meetings and expertise on the needs of impacted community members we serve. We believe every San Franciscan deserves the opportunity to prevent hepatitis C infection, know their hepatitis C status, and receive hepatitis C treatment if needed.

Signed,		
Name, Title	Organization	

Date

































































End Hep C SF Design





HCV Elimination



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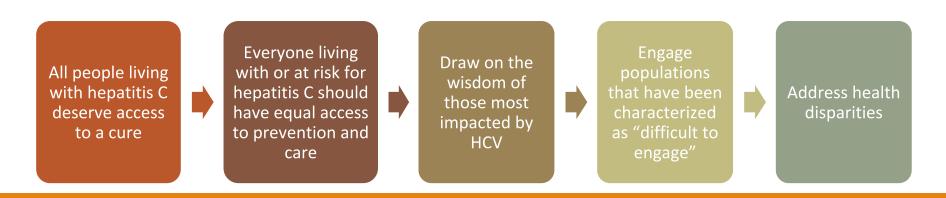
Vision, Mission, Values, and Strategies

VISION

End Hep C SF envisions a San Francisco where hepatitis C is no longer a public health threat and HCV-related health inequities have been eliminated.

MISSION

To support <u>all</u> San Franciscans living with and at risk for hepatitis C to maximize their health and wellness. We achieve this through prevention, education, testing, treatment, and linkage to reduce incidence, morbidity, and mortality related to hepatitis C.





Funding Timeline

2016 > 2017 > 2018 > 2019



SF CAN San Francisco Cancer Initiative





Where are we starting?



HCV Prevalence estimate for SF

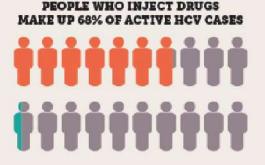
- ☐ 22,000 seropositive individuals in SF
- ☐ Seroprevalence 2.5%
 - NHANES national seroprevalence estimate of 1.4% within lower credibility bound
- ☐ Approximately 12,000 San Franciscans living with active virus

Some groups of people bear a **DISPROPORTIONATE BURDEN** of HCV in San Francisco

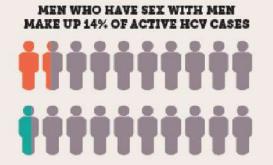
This figure illustrates some groups of people who bear a far greater burden of HCV in San Francisco than others. The bigger the difference between the orange and teal figures, the greater the health disparity for that group.

% of active HCV infections

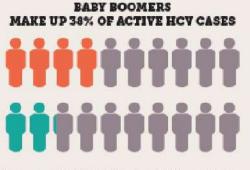
% of general population



but are only 3% of the total SF population



but are only 8% of the total SF population



but are only 21% of the total SF population.

While transgender women make up a small percentage of the total population of San Francisco overall (0.1%), End Hep C SF estimates that more than 1 out of every 6 transgender women is currently living with HCV.

Note that the above groups do not add up to 100% - it is possible for a person to be in more than one group.



Community Education

spreads Hep C

Come get sterile stuff

Sharing equipment We can't treat Hep C if we don't know we have it.

Living with Hep C?

New treatments have changed the game. que la tenemos

No podemos tratar la Hep C si no sabemos



There is new hope for people with Hep C Come visit us to talk about the new cure









There is new hope for people with Hep C Come visit us to talk about the new cure









Come visit us. Talk about the new treatments. Get tested.









esperanza nueva para las personas que

viviendo con la hepatitis C. Hazte la prueba.



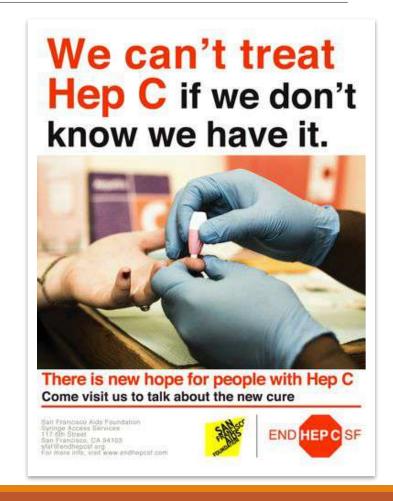
New Treatments Have Changed the Game Campaign, 2015 Messaging for and by people who use drugs



HCV testing Strategy

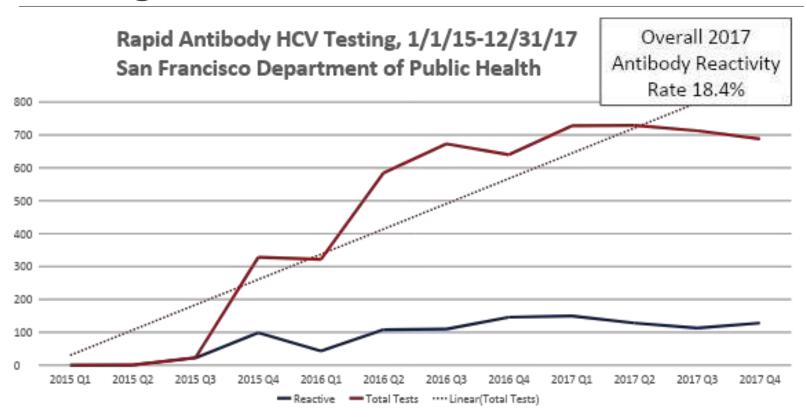
Integrate HCV testing where PWUDs are already accessing services:

- Homeless shelters
- SF County Jail
- Single room occupancy hotels
- Syringe exchange programs
- Methadone treatment programs
- Residential drug treatment programs
- Transgender wellness group
- STD clinic





Community-Based HCV Antibody testing



Focus on: PWIDs, People who smoke stimulants, Trans women, MSM on PrEP

Community Education and Outreach:

END HEP C SF

Community Meetings















PTL Accomplishment:



Community Navigator Program, 2018-present

3 Programs
23 Peers
627 Hours of Service
2,692 Interactions

Additional Information	Accomp	HCV Ed	Referral	Total
Received HCV Ab Testing	5	2	7	14
Received Reactive HCV Ab Test	3	2	3	8
Received HCV RNA Testing	1	2	4	7
Received Positive HCV RNA Test	0	2	2	4
Assessed for HCV Treatment	2	3	2	7
Assessed for HCV Treatment- Navigator	2	3	2	7
Assessed for HCV Treatment- Clinician	1	0	0	1
Started HCV Treatment	0	1	1	2



Increased Primary Care-Based HCV Treatment Access

- Three components of the capacity-building HCV treatment initiative for primary care physicians in the San Francisco Health Network, as of February 2016:
 - In-person training
 - eReferral consultation services
 - Individualized clinic TA

Pre- and Post-Intervention Analysis

	Pre-intervention (16 months)		Post-intervention (23 months)		% increase
	Total #	#/month	Total #	#/month	
Total Patients Treated*	143	8.9	435	18.9	112%
Total Clinics represented among treated	5	n/a	12	n/a	140%

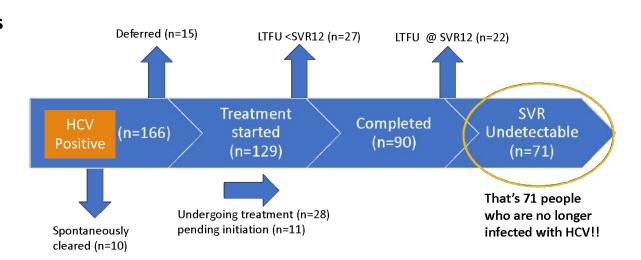
Facente SN, Burk K, Eagen K, Mara KS, Smith AA, Lynch CS. New Treatments Have Changed the Game: Hepatitis C Treatment in Primary Care. Infectious Disease Clinics of North America (in press).



Test and treat at Syringe Access Programs

Provide HepC Treatment Outside of Traditional Settings

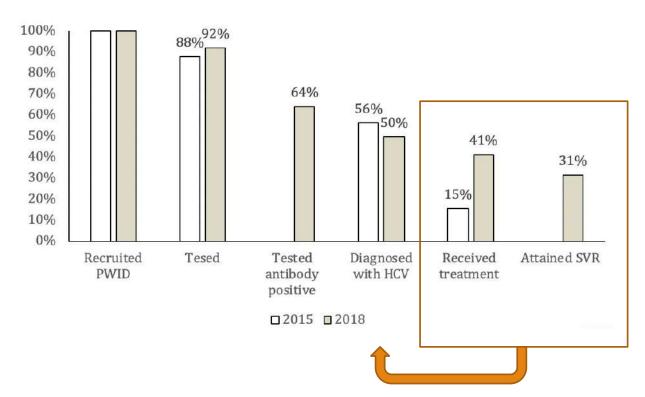
SFAF's harm reduction center provides onsite HepC testing, diagnosis, treatment evaluation and medication dispensation, and follow-up. Including lockers for safe medication storage.



Credit to Melissa (MC) Chavez, Pierre Cedric-Crouch, Janessa Broussard, Andrew Reynolds, Pauli Gray, Meghan Morris



Increased HCV Initiation for PWID



Slide credit: A Mirzazadeh

Co-authors: Morris M, Chen Y, Lin J, Burk K, Wilson E, Miller D, Veloso D, McFarland W



Lessons Learned

- Do what you can with what you have
- Be willing to adjust and change course
- □Don't give up on big systems' changes
- ☐ Focus on leadership development efforts and understand HCV leadership can come in many forms
- ☐ Create multiple thresholds for participation
- □ Prioritize inclusion of people most impacted by HCV, and get creative about how to involve them
- At every opportunity, ask how the initiative could be doing better (reaching more people, being more inclusive, etc.)



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- •Theresa Ick

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For More Information: www.EndHepCSF.org

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