HCV elimination and the Engagement of People Who Use Drugs

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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
New treatments create an unprecedented opportunity

New curative treatment!
DAAs are simpler, safer and more effective!!

Global and National organizations make elimination recommendations

Slide credit: M Morris, PhD
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.”

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?

- Access to HCV medications
- Primary care-based treatment
- Methadone-based DOT
- Linkage to HCV care
- Access to specialty care
- Outreach & education
- Safer injection counseling
- HCV rapid testing
- Opiate replacement therapy
- Syringe access
- Re-infection prevention counseling

End Hep C SF

IDENTIFY UNDIAGNOSED HCV

PREVENTION OF INFECTION & REINFECTION
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.colaborationforimpact.com/collective-impact/
Community partners

Community Partner Sign-On Notification

Chasing 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 C SF 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

- San Francisco Cancer Initiative
- SFDPH
- San Francisco Foundation
- SF CAN
- Alliance
- BAART Programs
- California Hepatitis Alliance
- San Francisco Health Plan
- shanti
- Sutter Health
- we are the Drug Policy Alliance
- GLIDE
- harm reduction coalition
- health RIGHT
- 360
- the Ufo Study
- UCSF
- Walgreens
- Sutter San Francisco General Hospital and Trauma Center
- Homeless Youth Authority
- Kaiser Permanente
- Larkin Street
End Hep C SF Design

- Research and Surveillance
- Prevention, Testing and Linkage
- Treatment Access

End Hep C SF Coordinating Committee

- Executive Advisory Committee
- Consumer Advocates

HCV Elimination
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SFAF

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BAART
Methadone
Programs

Amy Rodriguez
Glide Foundation
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 all 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.

- All people living with hepatitis C deserve access to a cure
- Everyone living with or at risk for hepatitis C should have equal access to prevention and care
- Draw on the wisdom of those most impacted by HCV
- Engage populations that have been characterized as “difficult to engage”
- Address health disparities
Funding Timeline

2016 ➔ 2017 ➔ 2018 ➔ 2019

SFDPH

SF CAN San Francisco Cancer Initiative

abbvie

HELLMAN FOUNDATION

GILEAD
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.

**People who inject drugs**
- Make up 68% of active HCV cases
- But are only 3% of the total SF population

**Men who have sex with men**
- Make up 14% of active HCV cases
- But are only 8% of the total SF population

**Baby boomers**
- Make up 30% of active HCV cases
- 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

Sharing equipment spreads Hep C
Come get sterile stuff

We can’t treat Hep C if we don’t know we have it.

Living with Hep C?
New treatments have changed the game.

No podemos tratar la Hep C si no sabemos que la tenemos

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

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

Rapid Antibody HCV Testing, 1/1/15-12/31/17
San Francisco Department of Public Health

Overall 2017 Antibody Reactivity Rate 18.4%

Focus on: PWIDs, People who smoke stimulants, Trans women, MSM on PrEP
Community Education and Outreach: Community Meetings
PTL Accomplishment: Community Navigator Program, 2018-present

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

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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

<table>
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<th>Pre-intervention (16 months)</th>
<th>Post-intervention (23 months)</th>
<th>% increase</th>
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<td>Total Patients Treated*</td>
<td>143</td>
<td>435</td>
<td>112%</td>
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<td>#/month 8.9</td>
<td>#/month 18.9</td>
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<tr>
<td>Total Clinics represented among treated</td>
<td>5</td>
<td>12</td>
<td>140%</td>
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Test and treat at Syringe Access Programs

Provide HepC Treatment Outside of Traditional Settings

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

HCV Positive (n=166)

- Deferred (n=15)
- LTFU < SVR12 (n=27)
- LTFU @ SVR12 (n=22)

Treatment started (n=129)

- Spontaneously cleared (n=10)
- Undergoing treatment (n=28) pending initiation (n=11)

Completed (n=90)

SVR Undetectable (n=71)

That’s 71 people who are no longer infected with HCV!!

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
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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• Janessa Broussard, NP
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