Opportunities For Hepatitis C Modalities in Substance Use Treatment Settings

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Webinar Outline

1. HCV Overview
2. SFDPH HCV Strategy
3. Behavioral health opportunities for integrating HCV interventions
4. End Hep C SF and community involvement
What Hepatitis Means

“Hepa”  “itis”
Liver  Inflammation

The Liver

Liver  Spleen
Gall-bladder  Stomach
Large intestine  Small intestine
Liver 101

Functions:
Over 500 roles!
- Metabolism, chemical processes that occurs, resulting in growth, production of energy, elimination of waste material, etc.
- Digestion and absorption
- Immunity
- Storage
- Detoxification

Fun facts:
- Largest internal organ
- Able to regenerate cells

Causes of Hepatitis
- Toxic chemicals
- Drugs
- Alcohol
- Viruses or other factors
Poll

What percentage of your caseload or client population do you estimate to be living with HCV?

- 0%
- 1%-25%
- 25%-50%
- 50%-75%
- 75%-100%

Hepatitis C (HCV): What is it?

- Chronic liver infection
- 3-4 million people in U.S. chronically infected (likely higher)
- 10x more infectious and 5x more prevalent than HIV
- More HCV than HIV deaths in the United States annually
- No vaccine
- Goal of treatment is CURE
HCV Deaths Exceed Deaths from 60 Other Infectious Diseases Combined

Other notifiable infectious conditions include HIV, tuberculosis, and hepatitis B

Figure 4.1. Reported number of acute hepatitis C cases — United States, 2001–2016

Source: CDC, National Notifiable Diseases Surveillence System (NNDSS)
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

People who inject drugs make up 70% of active HCV cases

Men who have sex with men make up 13% of active HCV cases

Baby boomers make up 3% of active HCV cases

While transgender women make up 0.1% of total population of San Francisco, 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.
Medical Treatment

The goal of hep C treatment is **cure**

- New treatments are now available that offer:
  - High success rates
  - Minimal side effects
  - Short treatment duration (8-12 weeks)

HCV Treatment for PWIDs!

*State of California—Health and Human Services Agency
California Department of Public Health*

**Issue Brief:**
*Hepatitis C Treatment Among People Who Inject Drugs*

The California Department of Public Health (CDPH) advises health care professionals to follow evidence-based guidelines when making clinical decisions regarding hepatitis C treatment for people who use drugs, including injection drugs.

Substance use, including active injection drug use, should not be considered an absolute contraindication for hepatitis C treatment.

This recommendation is consistent with American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA) hepatitis C treatment guidelines.
HCV Transmission

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

50-90% of hepat C is linked to shared injection equipment

Hep C transmits more readily than HIV through shared “rigs”
  - Can live in blood for days outside the body – much longer than HIV

Majority of IDUs become infected with Hep C within 2 years of injection initiation
Hep C & Blood Supply

People in the U.S. who received blood transfusions before 1992 or blood products before 1987 are at elevated risk

- May be issues of contaminated blood supply, blood products, medical equipment after that date in developing countries

Hep C & Vertical Transmission

Infants born to mothers with hep C have approximately 5% chance of becoming infected

- This is higher if the mother is co-infected with HIV
Hep C & Sexual Transmission

Scientists do not know how frequently this occurs.

There appears to be an increased risk for sexual transmission of hep C among **MSM who are HIV-positive**

Other factors that may increase a person’s risk for sexual transmission of HCV
- Having a STI
- Sex with multiple partners
- Sex that involves blood

Hep C & Drug Snorting/Smoking

Few studies

**Powdered cocaine & crack cocaine**
- Some evidence that straw sharing/pipe sharing can transmit hep B & hep C
- Questions about relationship between stimulant use and sexual transmission risk
SFDPH’s 5 HCV Programmatic Goals

1) Increase HCV awareness among affected populations
2) Increase community and clinic-based screening
3) Develop a linkage-to-care program
4) Increase SFHN primary care provider capacity to treat HCV
5) Increase access to curative therapies

Messaging for and by affected populations
Screening at syringe access, jail, and drug treatment
Focus linkage services on vulnerable populations
PCPs skilled in working with vulnerable populations
PCPs willing to treat vulnerable patients if appropriate

Focus on Vulnerable Populations
Coordination with internal and external partners

Increase awareness among affected populations.

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

Messaging for and by drug users
Increase Community and Clinic-Based Screening

**Rapid Antibody HCV Testing, 1/1/15-6/30/18**
San Francisco Department of Public Health

- **Overall Antibody Reactivity Rate:** 19.7%

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

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**Linkage-to-Care Programs**

**Glide**
- 3 navigators, mobile

**Shanti**
- 1 navigator, mobile

**San Francisco AIDS Foundation**
- Focus on 6th Street Harm Reduction Center clients

**HealthRIGHT 360**
- Focus on existing HealthRIGHT 360 clients (clinical and drug treatment)
Primary Care-Based HCV treatment Access: Strategy for Scale

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

As of June 30, 2018
747 Patients Successfully Initiated Treatment in SFHN

<table>
<thead>
<tr>
<th># of Patients Treated</th>
<th># of Providers</th>
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<tr>
<td>2015</td>
<td>39</td>
</tr>
<tr>
<td>2016</td>
<td>80</td>
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<td>2017</td>
<td>118</td>
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What's next?
Treatment Access Success:
Provide Treatment Outside Traditional Settings

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Number of Treatment Starts</th>
<th>Treatment Completion</th>
<th>Date Treatment Program Initiated</th>
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<tbody>
<tr>
<td>Opiate Treatment Outpatient Program (UCSF)</td>
<td>153</td>
<td>140</td>
<td>August 2016</td>
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<tr>
<td>San Francisco County Jail</td>
<td>100</td>
<td>77</td>
<td>March 2017</td>
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<td>Residential Drug Treatment (HealthRIGHT 360)</td>
<td>86</td>
<td>80</td>
<td>January 2016</td>
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<tr>
<td>Syringe Exchange (San Francisco AIDS Foundation)</td>
<td>52</td>
<td>38</td>
<td>August 2017</td>
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<tr>
<td>Street Medicine</td>
<td>16</td>
<td>13</td>
<td>May 2016</td>
</tr>
<tr>
<td>Shelters</td>
<td>10</td>
<td>10 (we think)</td>
<td>Dec 2016</td>
</tr>
<tr>
<td>Totals</td>
<td>417</td>
<td>348</td>
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Opportunities for HCV Integration in Substance Use Programs

Poll
Do your programs offer these interventions (check all that apply)

• HCV education materials for participants/patients
• HCV update trainings for staff
• HCV testing
• HCV linkage to care
• Daily observed therapy of HCV meds
• HCV treatment provided onsite
Substance use disorder treatment is HCV prevention!

Medication assisted drug treatment may help prevent both opioid overdoses and hepatitis C infections.

AND reduces hepatitis C rates by:

50%

Opportunities for HCV Integration

- HCV education materials for participants/patients
  - Free materials available at DPH that we will deliver to your clinics!

- HCV update trainings for staff
  - Contact katie.burk@sfdph.org to book a session that works for your program’s schedule

- HCV testing
  - Partner with a funded agency for testing or get trained to test yourself

We can’t treat your HCV if we don’t know you have it.
Opportunities for HCV Integration

• HCV linkage to care
  • Refer patients to Glide, Shanti, SFAF, or HealthRIGHT 360

• Daily observed therapy of HCV meds
  • Particularly relevant model for methadone programs or other programs that have frequent contact with patients

• HCV treatment provided onsite
  • OTOP and HR360 are models!

Poll: What’s the next best step for HCV integration at your program?

(Check all that apply)
• Ensure HCV materials (posters, brochures, etc.) are available for participants
• Host HCV health groups for program participants
• Assess how many patients in my program are living with HCV and have not yet been treated
• Explore models for offering HCV testing onsite
• Actively link patients who have already been diagnosed with HCV to treatment
• Start providing some form of modified directly observed therapy for HCV meds
• Partner with a clinic to provide HCV treatment onsite
• Talk with Katie about various options at my program
VISION STATEMENT: End Hep C SF envisions a San Francisco where HCV is no longer a public health threat, and HCV-related health inequities have been eliminated.
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

Community Leadership

- Consumer Advocates
- Executive Advisory Committee
- Research and Surveillance
- Prevention, Testing and Linkage
- Treatment Access
- End Hep C SF Coordinating Committee

I believe everyone deserves Hep C care.
For More Information:
www.EndHepCSF.org

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