Presentation Outline

• 2015 HCV programmatic goal review
• SFHP updates
• Updates re: awareness campaigns, testing, and SFHN treatment
• Priority populations strategies
• COVID-related HCV challenges
• Lessons learned
• Next steps for 2020 and beyond

Bay Area Reporter article on the End Hep C SF Research Symposium, Sept 2019
SFDPH’s 5 HCV Programmatic Goals, 2015

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

Necessary conditions for success
✓ Integrated service models
✓ Partnerships within DPH and with external organizations
End Hep C SF Initiative, Launched 2016

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.

www.endhep.org
San Francisco Health Plan Update: Cost and Progress

- Cost per HCV treatment has significantly decreased
  - List price for Mavyret $26,400 as of 8/17

- 37% of the SFHP members with known HCV were treated (approximately 2000 people)
Community Awareness

“New Treatments Have Changed the Game” social marketing campaign, 2015-2016

End Hep C SF Video Series, 2019

End Hep C SF Blog Series, 2020
Community-Based HCV Testing

339% increase in community-based HCV testing between Q1 2016 and Q4 2019, followed by a steep drop off in testing numbers due to COVID restrictions

Community-Based HCV Rapid Antibody Testing
2016-2020*

Data analysis by Rachel Grinstein, 2020

*2020 data only represents testing by 4 CBOs of 11 total CBOs
2019 & 2020 Jail Health Services testing data not included
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>
<thead>
<tr>
<th></th>
<th>Pre-intervention (16 months)</th>
<th>Post-intervention (23 months)</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Patients Treated</strong>*</td>
<td>143</td>
<td>435</td>
<td>112%</td>
</tr>
<tr>
<td><strong>Total Clinics represented among treated</strong></td>
<td>5 n/a</td>
<td>12 n/a</td>
<td>140%</td>
</tr>
</tbody>
</table>

### Priority Population: Individuals Co-infected with HIV & HCV

#### 16,000 PLWH in San Francisco

<table>
<thead>
<tr>
<th>DPH</th>
<th>NON-DPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,831 (24%) HIV+ Active San Francisco Health Network (SFHN) Patients</td>
<td>Kaiser and Other Private Providers</td>
</tr>
<tr>
<td>216 (32%) Currently Coinfected</td>
<td>Out of Care</td>
</tr>
<tr>
<td>468 (68%) Successfully Treated</td>
<td>Unknown</td>
</tr>
</tbody>
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**Microelimination Strategies:**
- Enable data to care
- Develop programs for care settings, within and beyond the safety net
- Invest in elimination for communities with highest barriers to care and treatment

SFHN data analysis by Emily Raganold, 2019
Priority Population: Criminal Justice-Involved Individuals

2017 Jail Health HCV Treatment Study

<table>
<thead>
<tr>
<th># Treated</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td># Achieved SVR-12</td>
<td>77</td>
</tr>
</tbody>
</table>

2019 Jail Health HCV Testing Data

<table>
<thead>
<tr>
<th># HCV Tests</th>
<th>1851</th>
</tr>
</thead>
<tbody>
<tr>
<td># New HCV cases</td>
<td>55</td>
</tr>
<tr>
<td>Antibody Reactivity Rate</td>
<td>approx. 3%</td>
</tr>
</tbody>
</table>

- Ongoing challenges securing funds to pay for HCV treatment for incarcerated individuals
- Modest amount of funds allocated in budget for continuing HCV treatment for incarcerated individuals
Priority Population: People Who Inject Drugs and/or Experience Homelessness

<table>
<thead>
<tr>
<th>Treatment Site</th>
<th># Tx Starts</th>
<th># Achieved SVR-12&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Program Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTOP, (UCSF)</td>
<td>223</td>
<td>180</td>
<td>August 2016</td>
</tr>
<tr>
<td>Syringe Exchange (SFAF)</td>
<td>230&lt;sup&gt;2&lt;/sup&gt;</td>
<td>155</td>
<td>August 2016</td>
</tr>
<tr>
<td>SF County Jail</td>
<td>99</td>
<td>77</td>
<td>March 2017</td>
</tr>
<tr>
<td>Street Medicine</td>
<td>81</td>
<td>36</td>
<td>May 2016</td>
</tr>
<tr>
<td>DeLiver van</td>
<td>16</td>
<td>12</td>
<td>August 2019</td>
</tr>
</tbody>
</table>

<sup>1</sup>SVR-12 as a marker for success discounts dozens of additional patients who have completed treatment and been cured

<sup>2</sup>approximation

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.
COVID-related HCV Challenges

- Diminished capacity of work force due to COVID activation
  - Surveillance upgrades and overhauls on pause
  - Clinical leadership preoccupied with COVID trials
- Safety protocols necessitate reduced capacity for programs
- Social isolation of target population associated with exacerbated substance use, mental health challenges
- HCV RNA labs delayed due to labs being overwhelmed with COVID testing

“COVID has obviously slowed things down, but we are getting our groove back!”
Dr. Jennifer Price, UCSF DeLiver Van
Lessons Learned

➢ 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
Next Steps: 2020 and Beyond

Surveillance
- Perinatal HCV assessment
- Continued pursuit of negative RNA implementation

Research
- Modeling elimination scenarios
- Tracking trends of indicators for elimination progress
- NOW study assesses effectiveness of rapid treatment starts for PWIDs

Testing, Linkage, Treatment
- Rebuilding testing and treatment programs to pre-COVID capacity
- Testing integration and growth via CHEP RFP implementation
- Continued expansion of low threshold treatment models
Thank you

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Currently activated for COVID-19

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