



The Hepatitis C Epidemic in 2017 & Beyond

Successes and Challenges on the way to a Hep C Free San Francisco

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Presentation Outline

1. The case for HCV Elimination
2. The San Francisco Context
3. Successes & Challenges to HCV Elimination



Disclosures

I have received research grant support to UCSF related to HCV from the following:

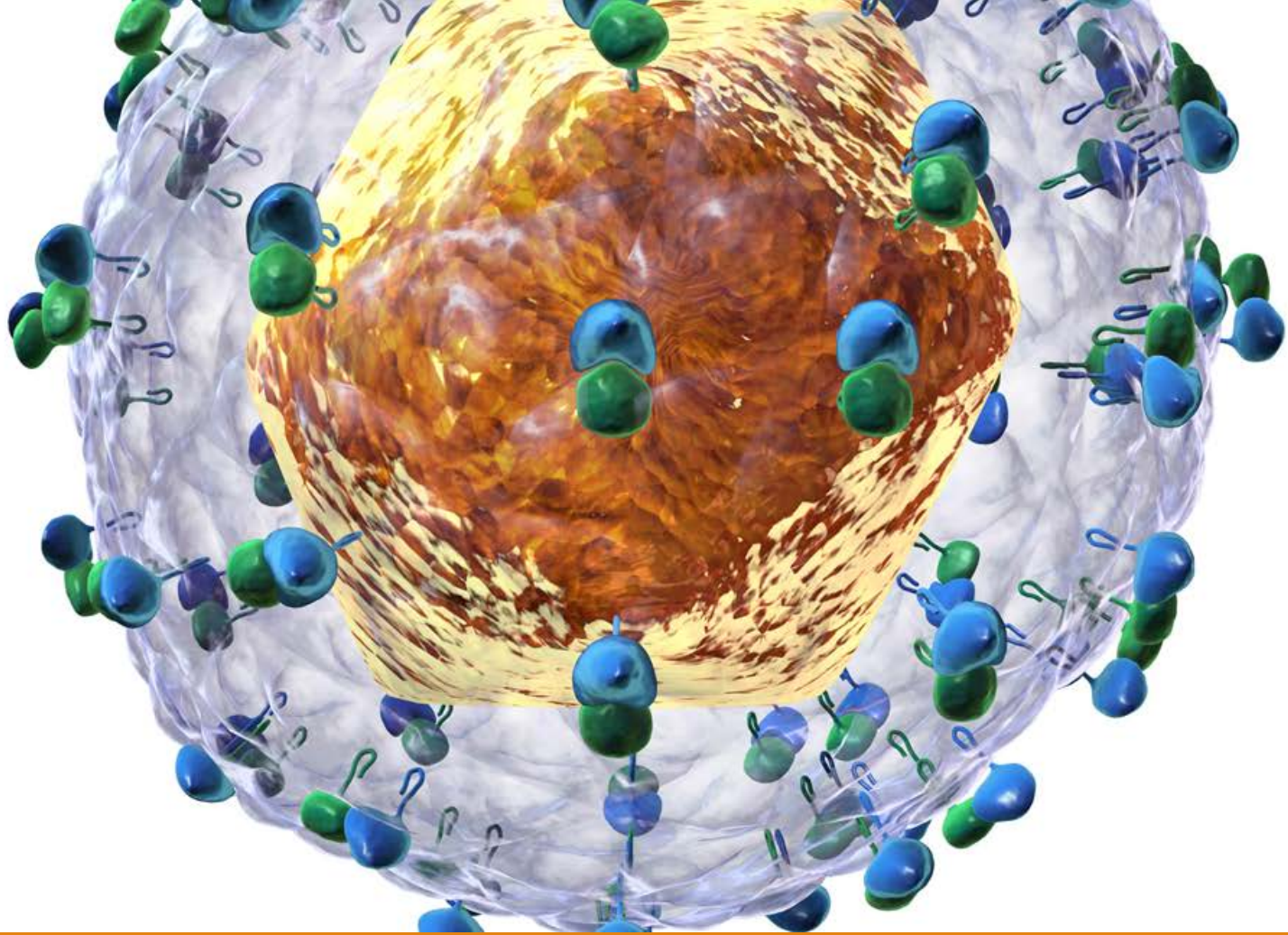
ACTG (NIH)

Abbvie

Gilead

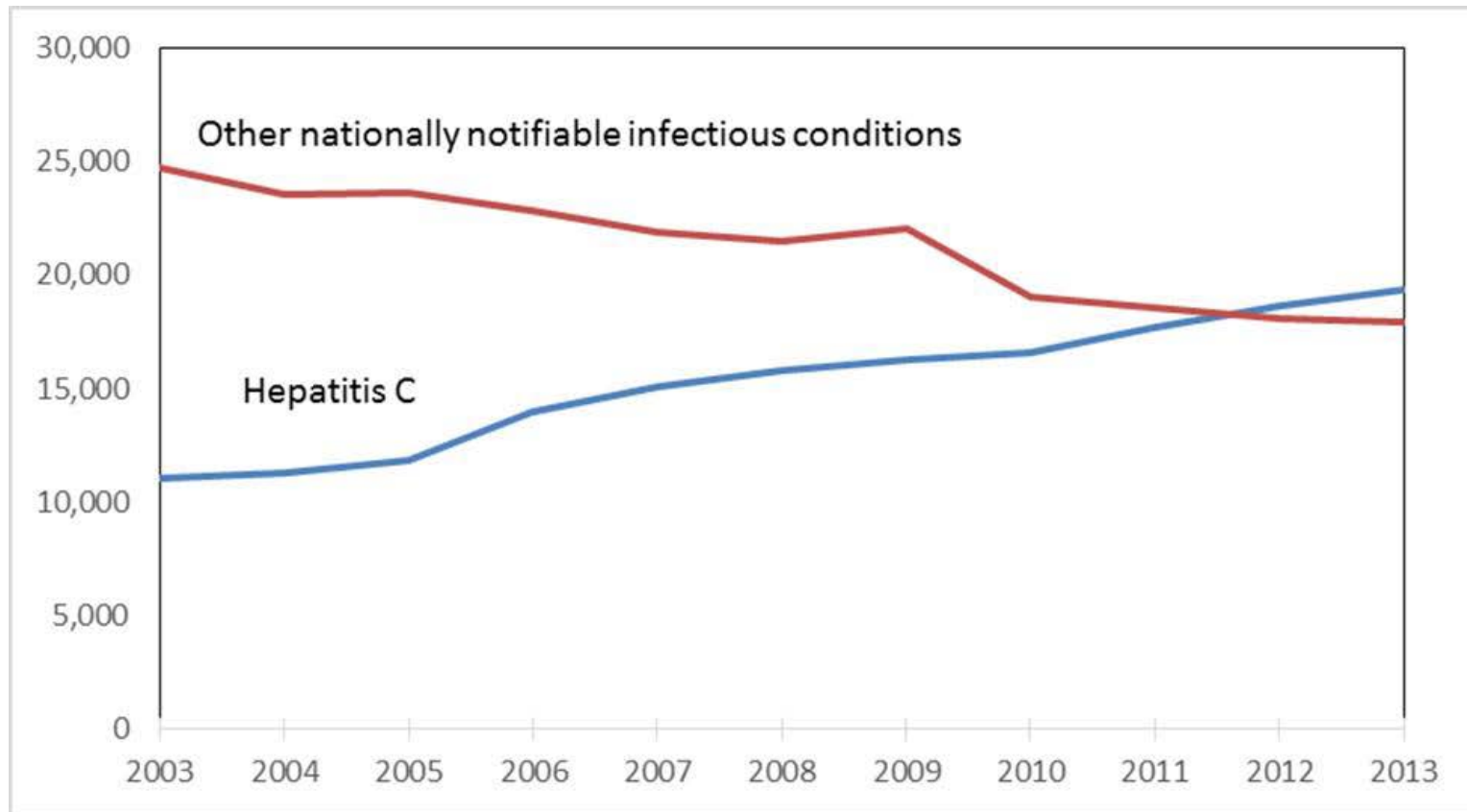
Merck

Proteus



Hepatitis C Elimination: Why Now?

HCV Deaths Exceed Deaths from 60 Other Infectious Diseases Combined



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

Global and U.S. Conversations about HCV Elimination - Why Now?

- The clock is ticking as HCV-related mortality rises.
- Almost all people with HCV can be cured with a short-course, well-tolerated, all-oral treatment.
- *HCV Cure as HCV Prevention*: Scaled up HCV treatment paired with prevention of reinfection can lead to HCV elimination.
- All people with HCV can benefit from a cure.

Recommendations for When and in Whom to Initiate Treatment

- Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.

California Medi-Cal Guidelines

HCV treatment approved if Fibrosis stage 2 or greater

- Many options for fibrosis assessment: Fibroscan, Fibrosure, APRI/FIB-4, Fibrometer, biopsy)

Or, any of the following regardless of extent of fibrosis :

HIV Coinfection	Other liver disease (e.g. NASH)
Diabetes (Type 2)	MSM with high risk sexual practices
Active injection drug use	ESRD on hemodialysis
HCC with life expectancy > 1 yr	Women of childbearing age who wish to get pregnant
HBV Coinfection	Porphyria cutana tarda
pre/post transplant	Debilitating fatigue
Cryoglobulinemia with vasculitis or renal complications	

Current AASLD/IDSA preferred regimens: Genotype 1a, non-cirrhotic, treatment naive



Regimens	Dose	Duration
Glecaprevir/Pibrentasvir “Mavyret”	3 pills daily	x 8 weeks
Velpatasvir/Sofosbuvir “Epclusa”	One pill daily	X 12 weeks
Elbasvir/Grazoprevir “Zepatier”	One pill daily* <i>*NS5a resistance testing required for GT1a</i>	x 12 weeks (16 weeks +RBV if resistance)
Ledipasvir/Sofosbuvir “Harvoni”	One FDC pill daily	x12 weeks (8 weeks if HCV RNA < 6 million IU/ml)

Resources



<http://www.hcvguidelines.org>



<http://www.hep-druginteractions.org>



- Free downloadable app
- VA website: <https://www.hepatitis.va.gov/products/patient/sofosbuvir-simeprevir-handouts.asp> (despite website name, has most current regimens)
- <http://harmreduction.org/issues/hepatitis-c/>

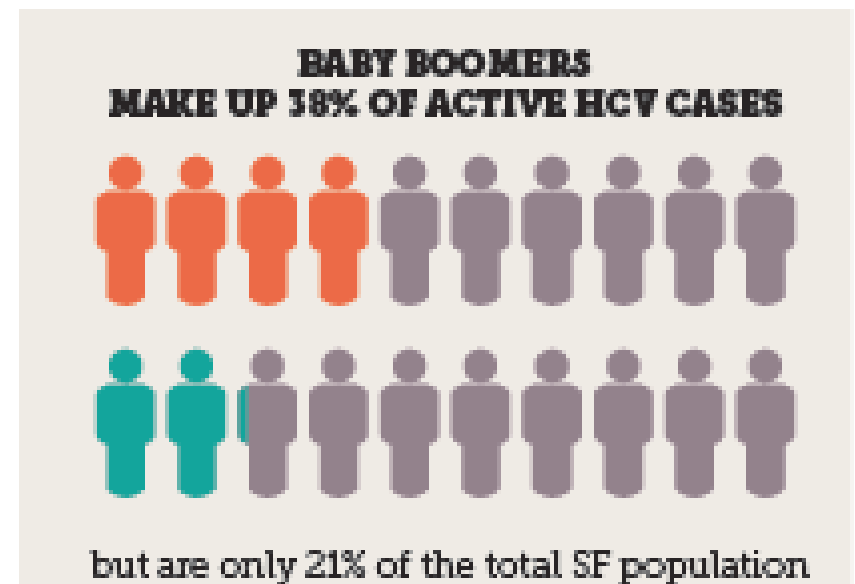
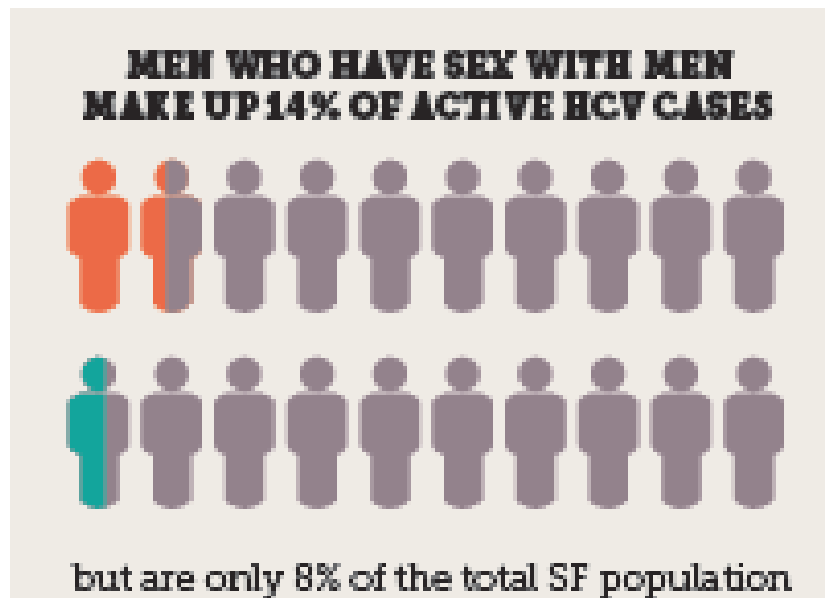
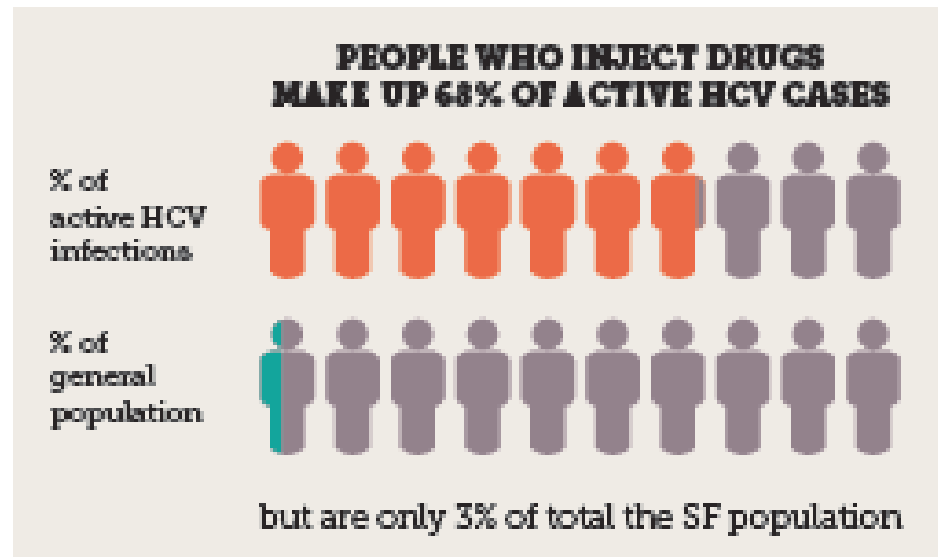


HCV in San Francisco

San Francisco by the numbers

- ❖ 22,000 residents (2.5% of population) with antibodies to HCV: representing past *or* present infection
- ❖ Approximately **12,000** (2% of population) with active HCV infection (RNA +)
- ❖ ≈3-4% prevalence of HCV among San Francisco Health Network population

- ❖ 22,500 active PWID (Chen 2015 AIDS & Behavior)
 - NHBS data suggest 60% are living with HCV
- ❖ 16,010 HIV+ individuals in SF end of 2016 (SF Annual HIV report 2016)
- ❖ 6,866 homeless individuals per One Night Count 2015
- ❖ Highest rate of liver cancer in the US



www.EndHepCSF.org ; Downloads

The Feasibility Issue:

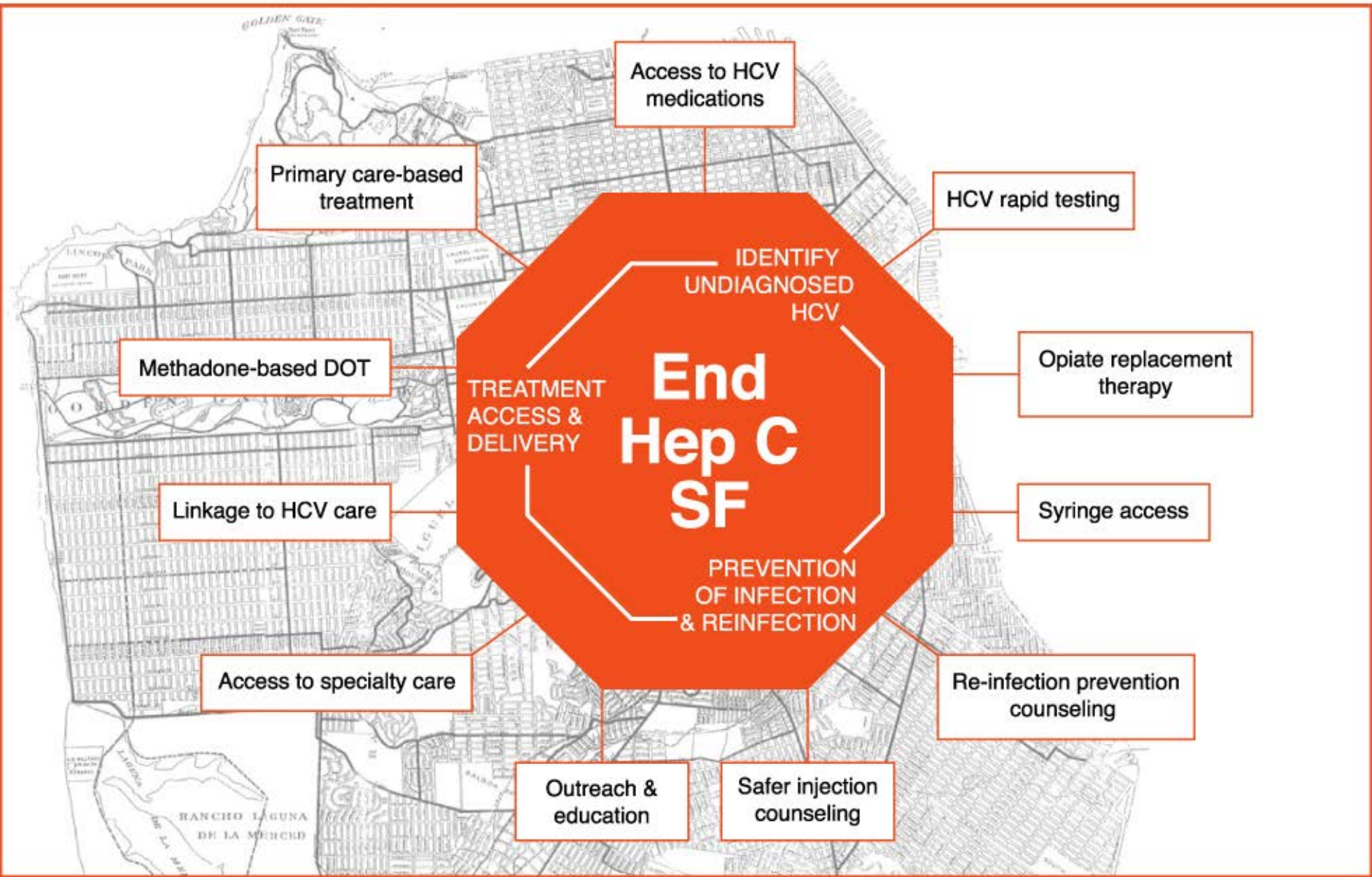
What makes HCV elimination possible in SF?

- Compact size (7x7 miles)
- HIV program infrastructure & commitment
 - Getting to Zero initiative
- Drug user health service infrastructure
- Committed medical providers willing to treat HCV
- Medi-Cal (state Medicaid program) policy makes 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



Big Picture Barriers to HCV Elimination in SF

- Homelessness and displacement
- High incidence of HCV among young PWIDs ($\approx 21\text{-}25\%$)
- PWID lack of engagement with and/or distrust of medical care
- Lack of HCV medication access in some populations
- Lack of provider knowledge/interest in HCV treatment
- Limited viral hepatitis surveillance infrastructure
- Stigma against HCV from providers and community



End Hep C SF: A Multi-sector Collective Impact Initiative

VISION: End Hep C SF envisions a San Francisco where hepatitis C is no longer a public health threat.

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

Prevention Strategies: Education targeted to communities at risk

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

San Francisco AIDS Foundation
Syringe Access Services
117 6th Street
San Francisco, CA 94103
saaf@endhepcsf.org
For more info, visit www.endhepcsf.com



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



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

Glide Harm Reduction Program - 5th floor
330 Ellis Street (between Taylor & Jones)
San Francisco, CA 94102
(415) 674-5188 / hepc@glide.org
For more info, visit www.endhepcsf.org



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



There is new hope for people with Hep C
Come visit us. Talk about the new treatments. Get tested.

HealthRIGHT 360
330 Ellis Street, 6th Floor
San Francisco, CA 94102
(415) 674-6140
hr360@endhepcsf.org
For more info, visit www.endhepcsf.org



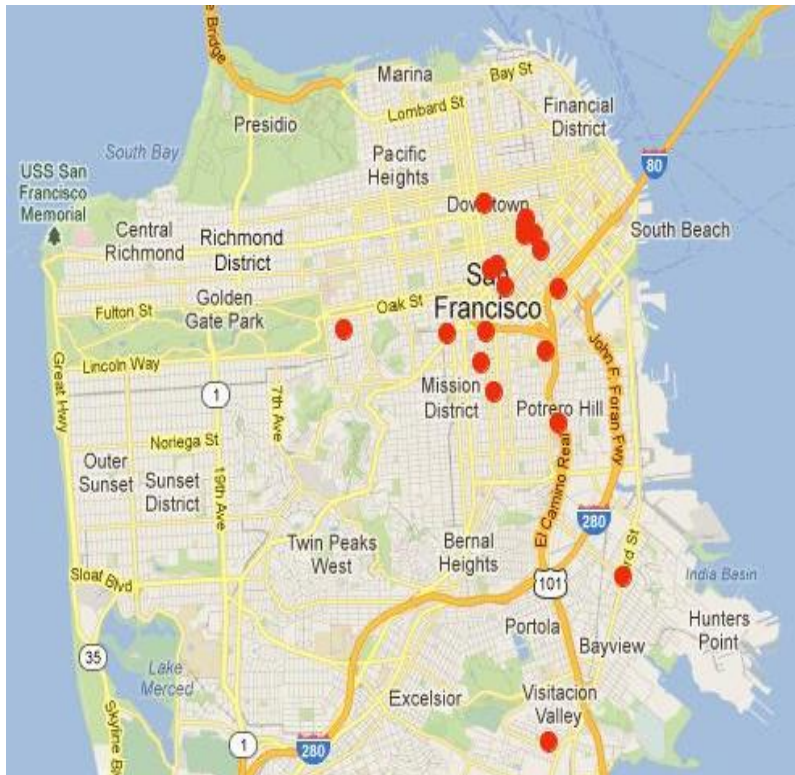
Messaging for and by drug users

Prevention Strategies:

Drug User Health Engagement



Testing and Linkage Strategies: Go where drug users are



San Francisco AIDS Foundation
Syringe Access Services (city-wide)

Homeless Youth Alliance

ZSFG Ward 93/OTOP methadone
program

Glide Programs

St. James Infirmary

UFO/VIP studies

Drug Users Union

Project Homeless Connect

SF County Jail

SROs

Martin de Porres Drop-in Center

Outcomes

7/1/16-6/30/17:

- ✓ 2372 tested,
community
based
settings
- ✓ 20%
Antibody
prevalence
- ✓ 269 linked to
care

Treatment Access Strategies: Bring HCV Treatment *into* Primary Care



- Patient-centered
- Feasible & safe
- Efficient
- Satisfying (to staff and patients alike)
- Increases access for vulnerable populations

- *Trainings*
- *eReferral*
- *Technical assistance for individual clinics*

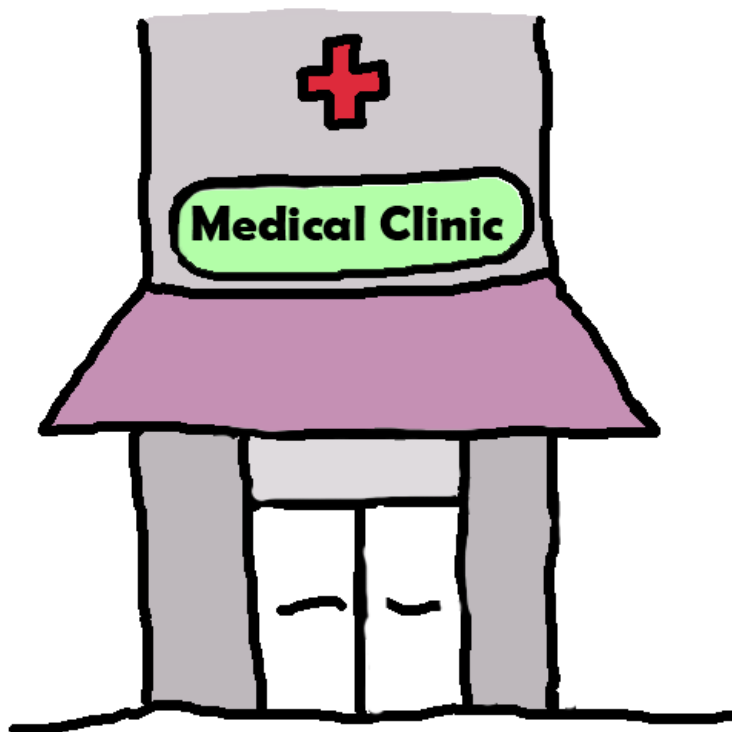
SFHN HCV Treatment Outcomes

- ✓ 156 providers trained
- ✓ 44 providers used eReferral
- ✓ 123% increase in patients treated (210, 10/15-9/16)
- ✓ 83% increase in number of providers treating

Treatment Access Strategies:

Take Treatment *out* of Primary Care

Get outside the 4-wall clinic!

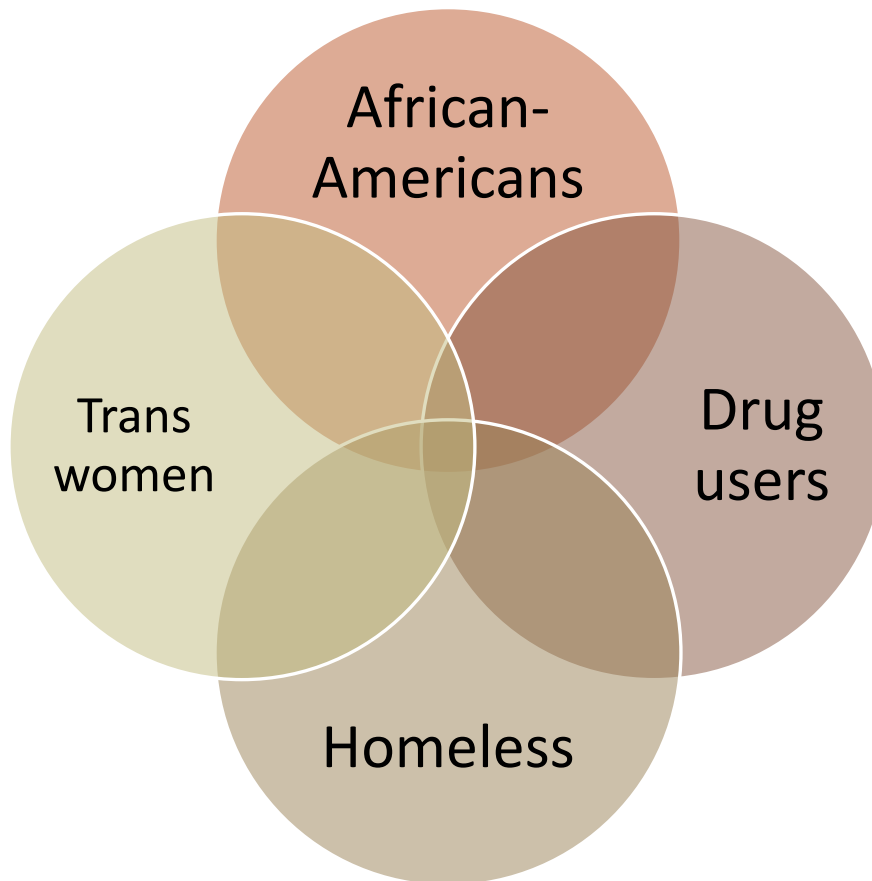


- Shelters
- Methadone programs
- Street Medicine
- Syringe exchange
- Mental health clinics
- Supportive housing
- Residential treatment programs
- Jail- ongoing pilot
- Inpatient HCV treatment?

Overall treatment numbers

- San Francisco Health Plan: approximately 4000 members with HCV, 23% have been treated since 2014
- San Francisco Health Network: 560 patients treated through primary care, out of an estimated total of 3300 with active HCV (17%)
- Estimated 4000-5000 patients treated citywide since 2014 – approximately 20% of active HCV infections in San Francisco

Treatment Access Strategy: Reach populations hardest hit by HCV in SF



Interventions:

- ✓ Nurse for homeless and TG clinics
- ✓ Rapid initiation of treatment at residential drug treatment
- ✓ DOT at methadone programs in predominantly African-American neighborhood
- ✓ HCV testing integration in Trans*National study

Challenges Ahead

- **DIAGNOSIS:** estimate up to 50% of HCV + in US unaware of diagnosis, many unaware of routes of transmission and risk
- **ACCESS TO MEDICATION:** Barriers for incarcerated and long-term inpatient populations as well as privately insured with restricted access
- **SYSTEM CAPACITY FOR TREATMENT:** Bottlenecks with limited providers and capacity to complete burdensome paperwork
- **PRIVATE SECTOR:** Increasing meaningful private sector participation



Challenges Ahead (2)

- **ACCURATE NUMBERS:** Tracking elimination progress through surveillance system/acquiring data to track cures, reinfections and areas in need of increased services
- **REINFECTION:** Education & concrete tools to prevent recurrent infection
- **CHANGING AMERICAN HEALTH CARE LANDSCAPE:** Threat to Affordable Care Act and MediCare/Medi-Cal expansion.
- **FUNDING:** Sustainable funding for both the End Hep C SF initiative and individual HCV programs

Despite these challenges and with limited resources, San Francisco has already made enormous strides in turning the tide on the HCV epidemic. With continued support and commitment, we truly can END HCV in our city!

For More Information:

www.EndHepCSF.org



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End Hep C SF Community Partners

Val Robb

SFDPH

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