

Ending the HIV Epidemic (EHE) Regional Learning Collaborative

*Alameda, Los Angeles, Orange, Riverside, Sacramento,
San Bernardino, San Diego, and San Francisco Counties*



Session 24:
Strategies and Approaches to Address Viral Hepatitis

Tuesday, May 23, 2023
10-11:30 a.m. PT

Session Agenda

1) Presentations

- **Brian Risley, MA**
 - **Manager, HIV/HepC Health Promotion and HIVE Programs, APLA Health**
- **Shubha Kerkar, MD, AAHIVS, FACP, FIDSA**
 - **Director, Infectious Diseases and Hepatitis Center of Excellence, DAP Health**
- **Rachel McLean, MPH**
 - **Chief, Policy and Viral Hepatitis Prevention Section, STD Control Branch, California Department of Public Health**

2) Panel Discussion/Q&A

- **Enter questions using**  **Q&A**
- **Share comments/resources using**  **Chat**



Community-Based Hepatitis C Advocacy in Los Angeles

Ending the HIV Epidemics Regional Learning Collaborative, May
23, 2023

Hepatitis C Task Force for Los Angeles County

Co-Chair, Brian Risley, M.A.

APLA Health & Wellness

brisley@aplahealth.org

HEPATITIS C TASK FORCE FOR LOS ANGELES COUNTY



Mission Statement

•The Hepatitis C Task Force for Los Angeles County (HCTF) is a group of private and public agencies, advocates and concerned individuals working in partnership and collaboration to prevent the spread of hepatitis C and other viral hepatitis and to improve the quality of life of persons affected by hepatitis through education on risk factors, harm reduction and cure treatments.

HEPATITIS C TASK FORCE FOR LOS ANGELES COUNTY

- Established in 2002; Under Aegis of APLA Health
- Formed to address the lack of services for people at risk for and living with HCV
- Members include LAC-based consumers, FQHC staff, Community-Based Organizations, DPH representatives and Medical Science Liaisons from pharma
- Meets quarterly
- Committees:
 - Policy and Advocacy; Prevention, Education and Awareness



HEPATITIS C TASK FORCE FOR LOS ANGELES COUNTY

Goals:

- to advocate for hepatitis C policies and funding;
- to increase public awareness of hepatitis;
- to develop and enhance systems of hepatitis C prevention, surveillance, testing, education, treatment, care and support.



Hepatitis C Task Force Major Accomplishments

- Participation in Multiple CDC Prevention Planning Conferences for Los Angeles County
- Produced 20 Annual Hepatitis C Summits
- 15 Updated Hep C Resource Directories
- 40 C-Retreats – Consumer Education and Outreach activities across LA County
- 15 Annual Screening Events to Promote Hepatitis Testing and Prevention
- 10 Years of LAC Legislative Breakfasts

WELCOME



18th Annual
HEPATITIS C
SUMMIT
LOS ANGELES

THURSDAY, DECEMBER 9, 2021



HEPATITIS C TASK FORCE FOR LOS ANGELES COUNTY PRESENTS THE 20th ANNUAL HEP C SUMMIT-LOS ANGELES

- Tuesday, December 5, 2023 at The California Endowment-Center for Healthy Communities
- Summit Theme: **HCV ELIMINATION INITIATIVES IN SOUTHERN CALIFORNIA**
- **SUMMIT LEARNING OBJECTIVES**
 - 1. Describe the Viral Hepatitis Initiatives for Southern California
 - 2. Explain Strategies to Eliminate New HCV Among PWUDs
 - 3. Identify Ways to Integrate HCV Test, Linkage & Treat into FQHCs and Other Priority Settings



HEPATITIS C TASK FORCE FOR LOS ANGELES COUNTY ANNUAL VIRAL HEPATITIS RESOURCE GUIDE

A Directory of Viral Hepatitis Services for Los Angeles County

- Some of the available resources in this guide:
- Where to Test for HCV & HBV
- Where to Get Treatment for HCV
- Where to Receive Vaccinations for HAV and HBV
- Viral Hepatitis Support Groups
- Needle and Syringe Exchange Programs
- Where to Find Patient Health Navigators
- Education Resources and Counseling



Annual Screening Events to Promote Hepatitis Testing and Prevention during National Hepatitis Awareness Month

- During National Hepatitis Awareness Month each May, Hep B Free-Los Angeles and San Francisco, the Hepatitis C Task Force for Los Angeles County and National Viral Hepatitis Roundtable are coordinating hepatitis screenings and a new public service announcement to highlight prevention of hepatitis B and C (HBV/HCV) disease, which together cause almost all liver cancers worldwide.



Hepatitis C Task Force Limitations

- A group of dedicated VOLUNTEERS
- Limited resources (funding, time, volunteer staffing) to accomplish all our goals
- Advocacy -- Can only make public health recommendations
- Though they sometimes end up changing CDPH guidelines

HEPATITIS C TASK FORCE FOR LOS ANGELES COUNTY Supports Community Viral Hepatitis Elimination

- Worked with DPH to Develop 5-year viral hepatitis action plan
 - Identify and convene key stakeholders
 - Catalog services provided along care cascade
 - Identify opportunities for collaboration to overcome gaps in cascade
 - Develop indicators based on available data to track progress
- Strengthen and engage community coalitions
 - Provide “backbone support”



THANK

YOU

A spotlight on: Hepatitis Center of Excellence at DAP Health

Shubha Kerkar MD, AAHIVS FACP FIDSA

NOW That we have CURE for HCV –IT is a beast that needs different strategy !!

(HBV-vaccine preventable)



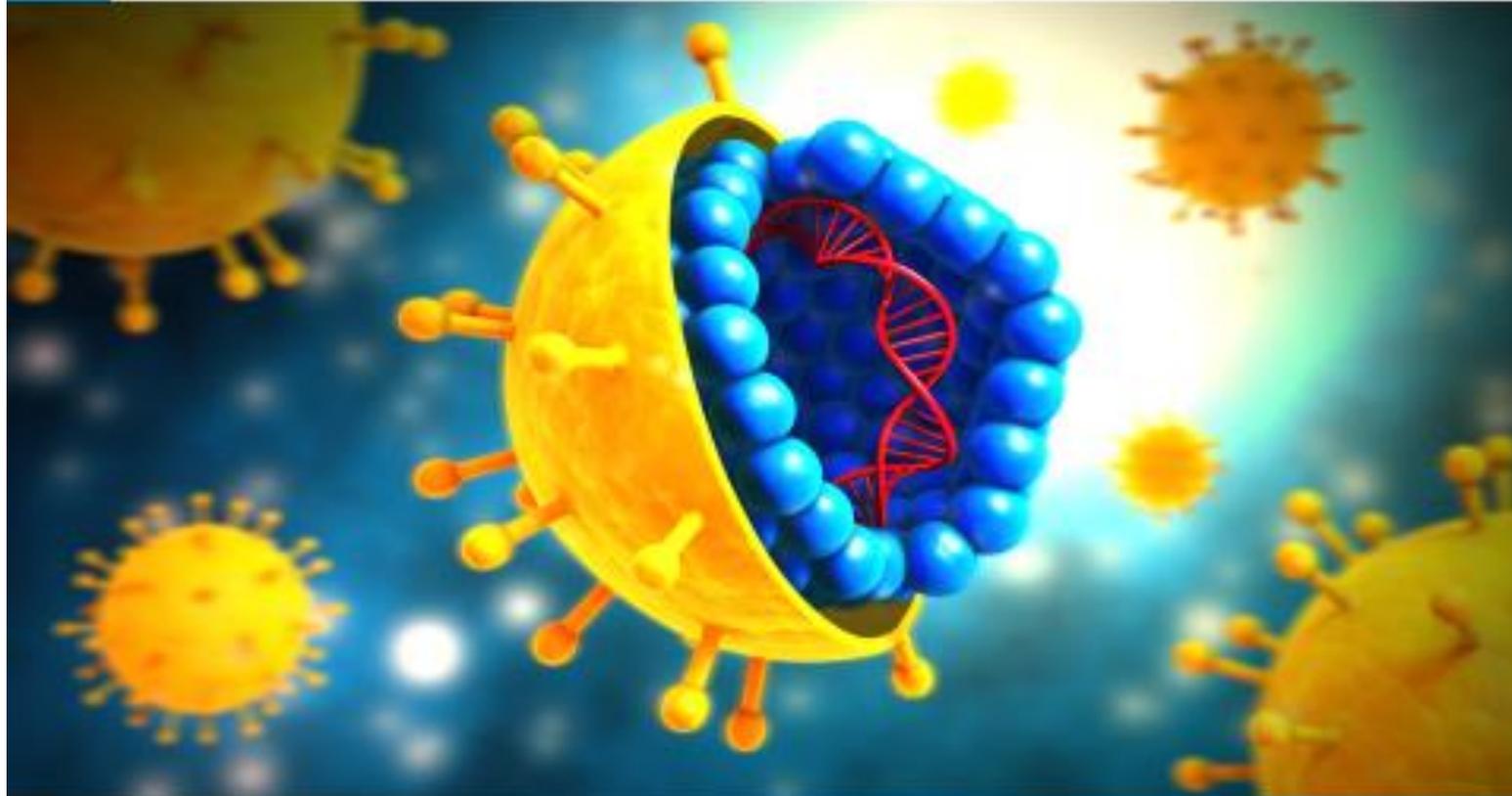
Goal Setting is in Process



By 2030, We Aim To:



The Hepatitis C Virus



Discovery –to Cure in <3 Decades

- Hepatitis C virus is an enveloped RNA virus-of Flaviviridae family
- Discovered in **1988**¹ as the cause of
 - transfusion related hepatitis
- HCV Antibody testing available in **1992**
- **Cure 96-98%** Cure with Directly Acting Antivirals (DAA) -2014-15
 - CDC. *MMWR Morbidity Mortal Wkly Rep.* 1998;47(RR-19):1-39.
 - 2. Kim WR et al. *Am J Transplant.* 2014;14(suppl 1):69-96.

Perspective as Infectious Disease Specialist: Optimism based on facts. **What we know-**

- Every HCV patient can be cured!
- Cure as prevents transmission!.
- Cure prevents advancing to late stage liver disease. Morbidity and mortality.
- Cure helps decrease the Health Care burden of liver disease on hospitalizations

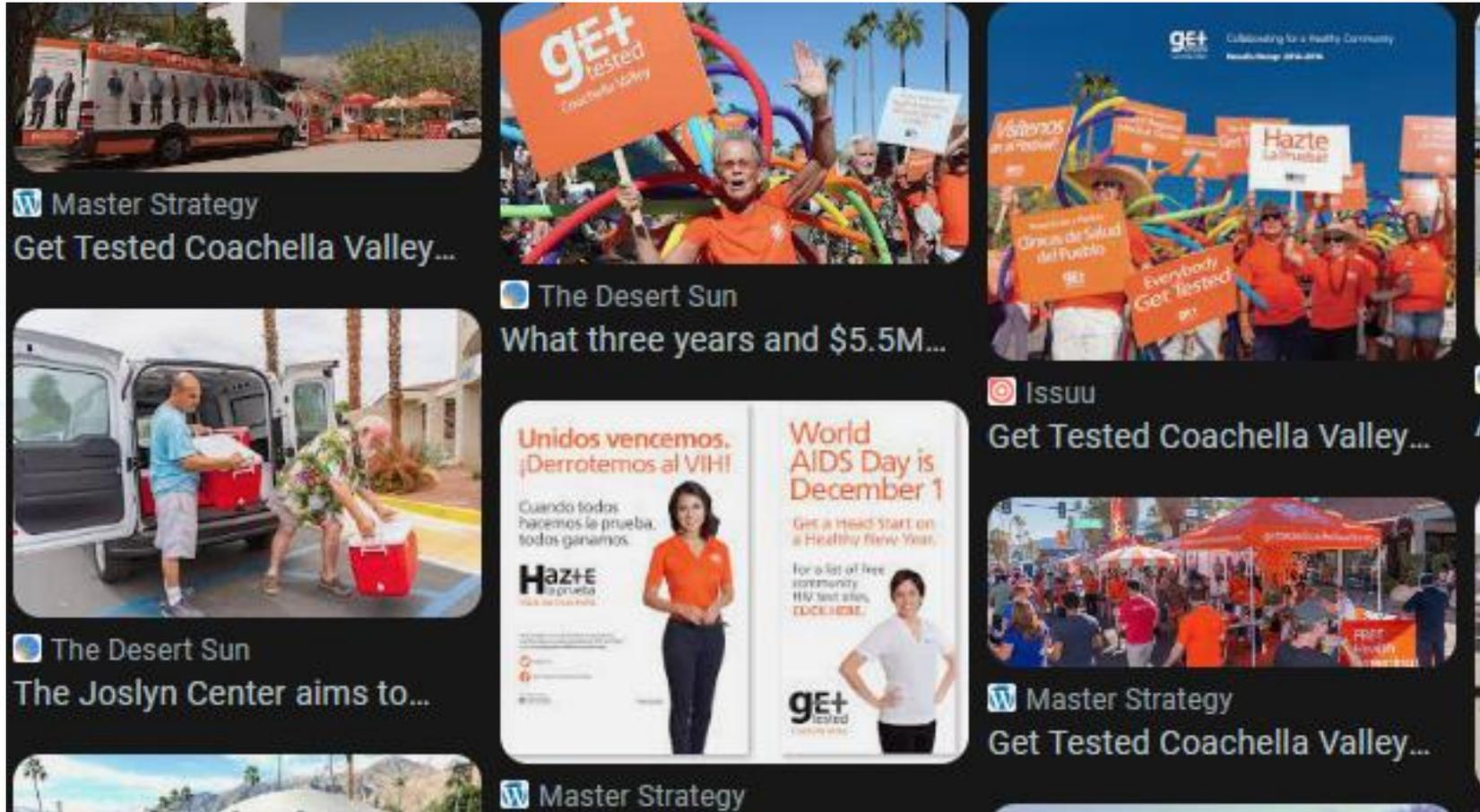


Collaboration of FQHC and MCO to eliminate HCV in the Coachella Valley



GET TESTED Coachella Valley !

HIV Experience 2014-2018



GET TESTED Coachella Valley !

HIV Experience 2014-2018

Our Get Tested Coachella Valley Team

From the start of the campaign to today, the day-to-day work of Get Tested Coachella Valley has been carried forward by a growing and evolving team of dedicated Desert AIDS Project staff members. Their efforts have been supported by the significant contributions of an incredible group, including colleagues in all other departments of D.A.P., student interns, Community Partners, Social Ambassadors, contractors and vendors. A remarkable group of volunteer test counselors participated in a rigorous training and certification process, enabling us to substantially increase our testing capacity. Hundreds of other community volunteers provided outreach at events, assembled educational materials and safe sex kits, marched with us in parades, and much more.

We want to express our boundless gratitude to each of these individuals for stepping up to raise awareness, educate and engage the community to know their HIV status and connect to health services. Each of them brought the vision and mission of Get Tested Coachella Valley to life. We sincerely thank each of them for sharing their time, talents and a phenomenal level of commitment.

While it's not possible to list every participant here, the photos below provide one "snapshot in time"—the D.A.P. staff, interns, and volunteer test counselors who were part of the Get Tested Coachella Valley team in June 2016, Year 2 of the campaign.



Community outreach and testing at the MoJo event



Rosa de la Cruz, HIV Tester and Educator



Clive O'Brien, Videographer and Sao Lowe, Digital Strategist



Out team at the Mecca Family Resource Fair

Below, left to right: Robert Martinez, Ilano Aguero, Randy Guston, Stephanie Conruegos, Kenney De La Cruz, Brandon Walsh, April Cruz, Robert Avina, Christian Helwig, Krystal Goddard, Clive O'Brien, Chris Christensen, Bruce Wilco, Susan Singer, Frank Adams, Victoria Rago, Todd Matkin, Linda Sao Roseberry, Rosa de la Cruz, Ralph Gonzalez, Paul Yinger, Kevin Mendez, Bill Brindley, Ernest Ochoaiz, Peter Tognatti, J'Allen



GET TESTED Coachella Valley !

HIV Experience 2014-2018

- **92,947** total HIV tests were performed, **594** total HIV positive tests reported (More than 80 testing Sites in Coachella Valley)
- **90.2%** of HIV positive patients **were linked to care** (escorted at least 2 visits to an HIV Provider in the Valley)
- **>95%** of those LTC **were initiated on treatment.**
- **97% on ARV TX** achieved and maintained **Undetectable HIV**
- **HCV free testing was added to the HIV testing and LTC in July 2017** and was expanded to include testing at the main facility, recovery centers, outpatient drug rehabilitation facilities, and community test sites and events.
- **This was the HCV Care Cascade modeled After the Success of HIV**

Elimination Concepts- Strategy for HCV

Rate of “Curing HCV” is faster than Rate of “New HCV Infections”

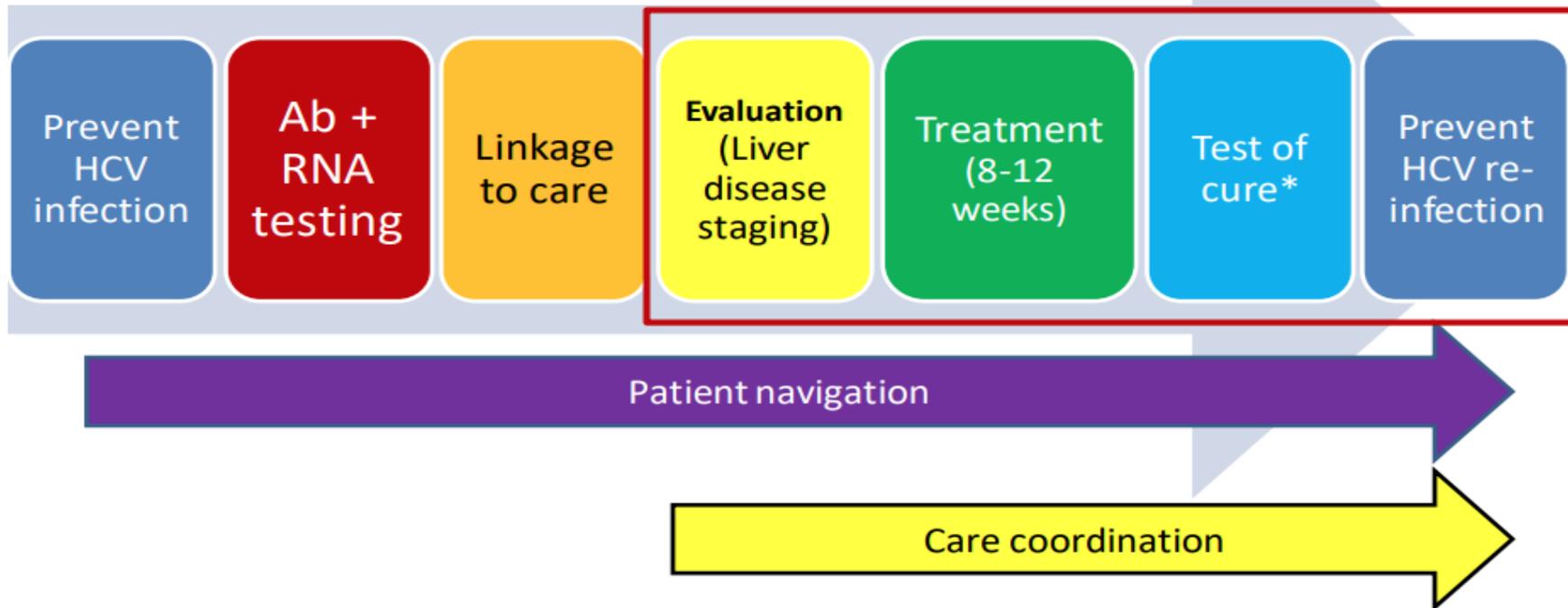
Free Testing to **FIND ALL** that have HCV infection

Linkage to Care All infected –get to HCOE

Treatment leading to Cure” with Navigation Teams- all the way to SVR

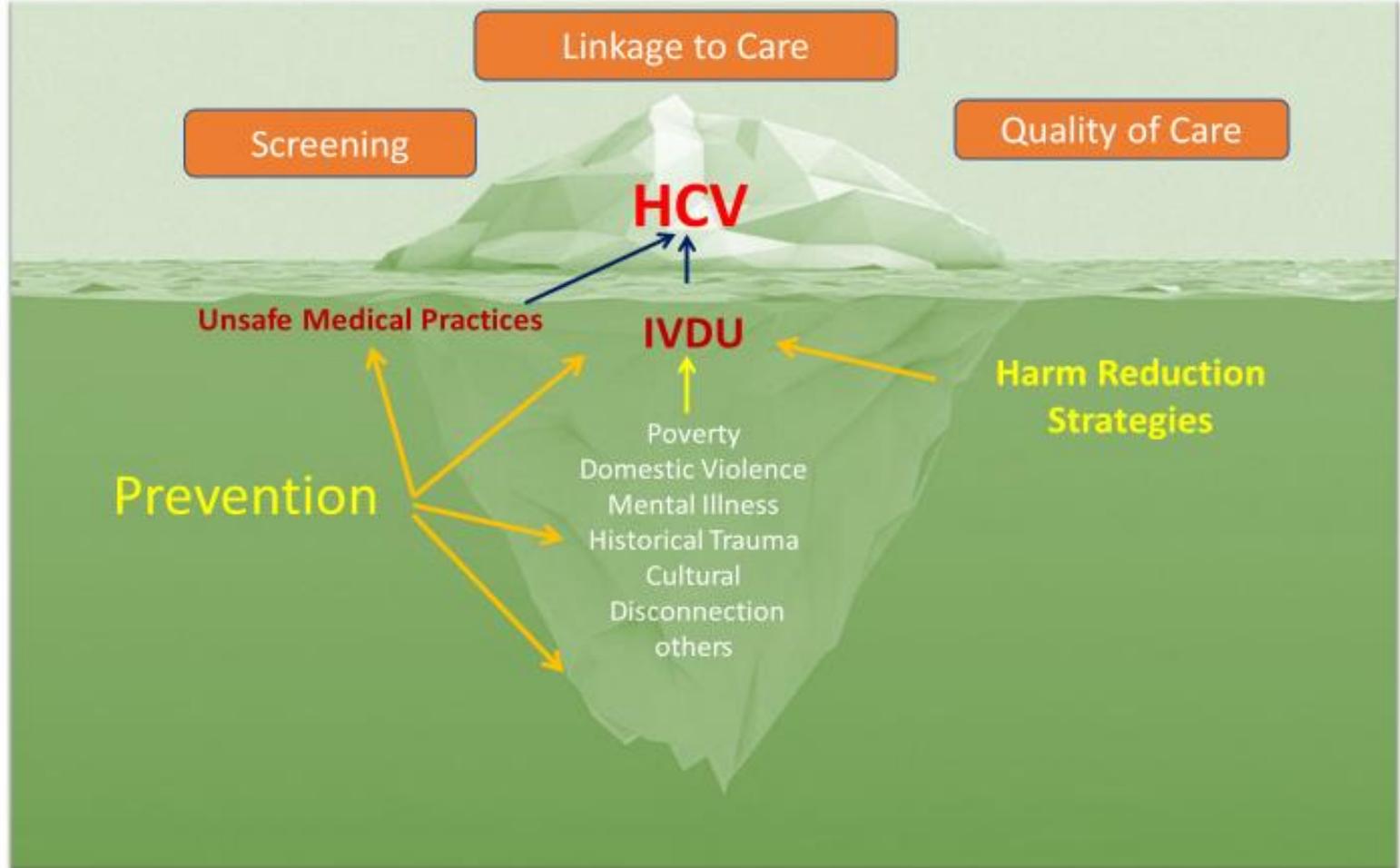
- **Prevention** by Education- Harm Reduction
- **Prevention** by Treatment – Reducing transmission
- **Prevention** “Substance Abuse, Mental Health, and Homelessness”
- **Advocacy**- health care coverage insurance expansion
- **Novel Collaboration**- MCO + FQHC, STREET Medicine, Coachella Valley Volunteers in Medicine

HCV Care Cascade:



* Performed 12 weeks after treatment is completed. More than 95% of people treated with HCV direct-acting antivirals will be achieve sustained virologic response (SVR, or HCV cure). Some may need ongoing monitoring for liver cancer.

FOCUS on the 3 ELEMENTS : HCV



Open Forum Infect Dis. 2019 Oct; 6(Suppl 2): S164–S165.

PMCID: PMC6809724

Published online 2019 Oct 23. doi: [10.1093/ofid/ofz360.380](https://doi.org/10.1093/ofid/ofz360.380)



RESOURCES

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Open Forum Infect Dis

307. Overcoming Hepatitis C Elimination Challenges in the Coachella Valley through the Collaboration of Linkage to Care, a Managed Care Organization, and a Federally Qualified Health Center

[Nicolette Duong](#), PharmD,¹ [Lindsey Valenzuela](#), PharmD, APh, BCACP,¹ [Tulika Singh](#), MD, MS, AAHIVS,² [David Morris](#), MD,³ [Brian Hodgkins](#), PharmD, FCSHP, FASHP,¹ [Jade Le](#), PharmD, BCACP,¹ and [Shubha J Kerkar](#), MD³

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Abstract

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Background

Per the Centers for Disease Control and Prevention, 2.4 million Americans have the hepatitis C virus (HCV). New cases increased by 14% from 2014 to 2016 in California with 400,000 infections, 4,000 infections in the Coachella Valley and about 50% unaware of their diagnosis. A barrier to elimination is the lack of rapid screenings and linkage to care (LTC) of infected individuals into an integrated system. Thus, we developed a program at the Hepatitis Center of Excellence (HCE) where pharmacists in a managed care organization (MCO) provide opportunities to overcome these boundaries. The partnership of the MCO and federally qualified health center (FQHC) was established in 2017 to expand access to care to the HCV community. We anticipate that our program will eliminate HCV in the Coachella Valley by modeling past success in human immunodeficiency virus (HIV) testing and LTC at the FQHC through an interdisciplinary approach.

Open Forum Infect Dis



BACKGROUND

- According to the Centers for Disease Control and Prevention, 2.4 million Americans are estimated to be living with hepatitis C, with cases of the hepatitis C virus (HCV) increasing by 21.8% from 2015 to 2016.^{1,2}
- About 400,000 Californians live with HCV, mainly attributed to baby boomers (1945-1965) and even young adults (ages 15-29) primarily due to injection drug use.³ The rate of newly reported chronic HCV infections increased by 14% from 2014 to 2016 in California.⁴
- Additionally, 4,000 individuals are estimated to have chronic HCV in the Coachella Valley.⁵ It is also known that only 20% are aware of their diagnosis.⁶
- Due to the increasing rate of HCV infections, the World Health Organization set the goal for viral hepatitis elimination by 2030.⁷
- The main barrier to elimination is the lack of robust and rapid screenings of the masses and linkage to care (LTC) of HCV positive individuals into the framework of an integrated system, a system we developed at the Hepatitis Center of Excellence (HCE).
- Clinical pharmacists within a managed care organization play an essential role in providing the care necessary to overcome these barriers.



PURPOSE

The partnership of the MCO and federally qualified health center (FQHC) was established in 2017 to share resources and expand access to care to the HCV community. Thus, our program's focus is to eliminate HCV in the Coachella Valley by modeling the previous success in human immunodeficiency virus (HIV) testing and HIV LTC at the FQHC through an efficient interdisciplinary care team approach. We anticipate that our robust success with HIV testing and LTC program will also be demonstrated in the HCV population.

METHODS

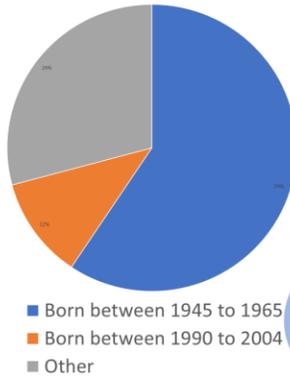
- Single-center, retrospective investigation from January 2017 to December 2018 of hepatitis C individuals in an underserved population was conducted at the pharmacist-led HCE in Palm Springs, California.
- Data was collected and extracted manually from Epic.
- Patients were included based on pre-selected inclusion criteria of those patients diagnosed with hepatitis C, completing hepatitis C treatment, and achieving sustained virologic response (SVR).
- Exclusion criteria consisted of patients who were lost to follow-up despite completing treatment or unable to track SVR.
- A Microsoft Excel sheet was used to collect and record pertinent information on demographics, past medical history, and current hepatitis C medication(s).
- Boundaries have been handled by the linkage to care team through means such as prompt free screenings, linkage to care, advocacy, and transportation.⁸
- The HCE has been able to adapt the HIV testing and LTC model at the FQHC in hopes of achieving similar feats.
 - From 2014 to 2018, approximately 92,947 total HIV tests were performed, 594 total HIV positive tests reported, and 90.2% of HIV positive patients were linked to care and initiated on treatment.
- The HIV LTC initiative focused on having individuals tested at least once in their lifetime through proactive campaigns, community philanthropy, and outreach. Individuals who tested positive were linked to care immediately for further management.
- HCV free testing was added to the HIV testing and LTC in July 2017 and was expanded to include testing at the main facility, recovery centers, outpatient drug rehabilitation facilities, and community test sites and events.
- Descriptive statistics were performed for this investigation, with categorical data reported as counts and percentages.

Free HCV Screenings Yearly

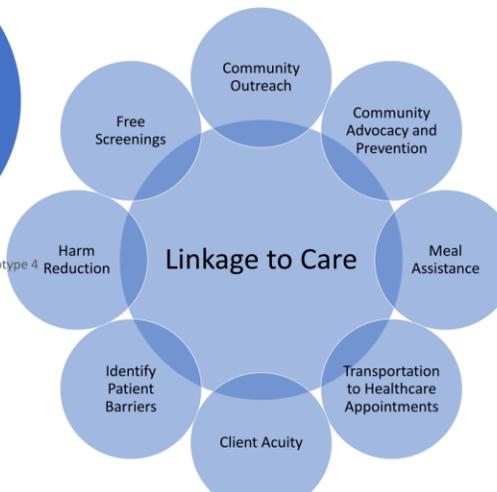
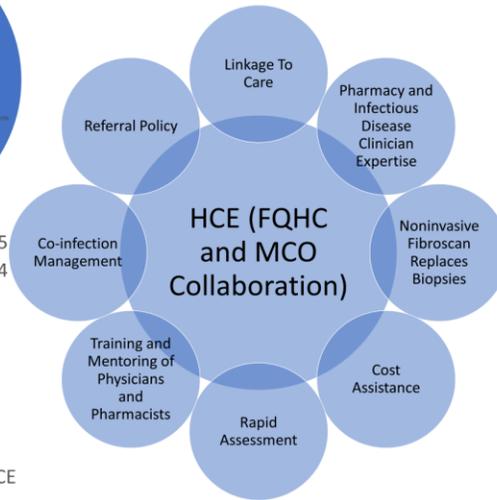
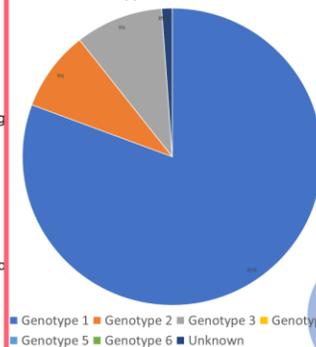
- Year 2017: 1387 screenings
- Year 2018: 1643 screenings

RESULTS

HCV Positive Patient Population



HCV Genotype Prevalence at HCE



RESULTS

- The first visit with a clinical pharmacist occurs 2 to 4 weeks after the initial HCV consult appointment with the specialty physician.
- This visit with the clinical pharmacist consists of HCV education, reviewing lab results, ultrasounds, Fibroscan results, resolving insurance issues, and providing treatment recommendations.
- From 2017 to 2018, 169 of 172 HCV positive individuals (98.2%) achieved SVR after treatment completion through the pharmacist-driven HCE.
- Only 3 individuals were unable to achieve SVR despite completing treatment due to loss to follow-up.
- Of note, 91 of 172 of HCV positive patients with treatment completion (52.9%) were referred from the managed care organization, with the remainder being referred from entities including outpatient facilities and community testing sites.
- The newly established HCV linkage to care program has played an integral role demonstrated by the 3.8% increase in HCV free testing from 2017 (n=1583) to 2018 (n=1643).
- The linkage to care team also created a checklist for HCV individuals, which provided an incentive to patients to complete treatment and to prevent noncompliance.

CONCLUSION

- The interdisciplinary care between the MCO and FQHC allowed for high-quality healthcare management by pharmacists to provide care for a larger volume of HCV patients.
- This provides time for the infectious disease clinicians to manage more complex patient cases while engaging in advocacy and education in the community.
- The collaboration between the FQHC and clinical pharmacists of the MCO combined with community philanthropy support has demonstrated that based on the high SVR rates, HCV elimination is possible.
- Furthermore, through the accomplishments of the HIV LTC program, HCE is projecting exceedingly successful linkages to care and continuous campaigning for individuals to be tested and treated for HCV in the Coachella Valley.

REFERENCES

1. Hepatitis C Prevalence Estimates 2013-2016. CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchhstp/newsroom/2018/hepatitis-c-prevalence-estimates.html>. Accessed April 15, 2019.
2. Commentary – U.S. 2016 Surveillance Data for Viral Hepatitis, Statistics & Surveillance, Division of Viral Hepatitis. CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.htm>. Accessed April 15, 2019.
3. Chronic Hepatitis C Is One of the Most Frequently Reported Communicable Disease in California. CDPH. California Department of Public Health. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Infectious/Hepatitis-C-Trends-in-California-2016.pdf>
4. Chronic Hepatitis C Infections in California Surveillance Report, 2016: Executive Summary. CDPH. California Department of Public Health. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ViralHepatitisData.aspx>
5. Hepatitis Center of Excellence Opens at Desert AIDS Project. Desert Aids Project. <https://www.desertaidsproject.org/hepatitis-center-of-excellence-opens-at-desert-aids-project/>. Published March 21, 2017. Accessed April 15, 2019.
6. Hepatitis C: Discovery to cure in 25 years. 50 years of Global Health Progress. <https://50years.ifpma.org/in-focus/hepatitis-c/>. Accessed May 29, 2019.
7. 7 Steps to Hepatitis Elimination. World Health Organization. <https://www.who.int/hepatitis/news-events/7-steps-to-hepatitis-elimination/en/>. Published September 28, 2018. Accessed April 15, 2019.
8. Get Tested in Coachella Valley. Get Tested Coachella Valley. <https://gettestedcoachellavalley.org/en/get-tested/>. Accessed April 30, 2019.

DISCLOSURES

•All presenters declare nothing to disclose as per policy

Collaboration: of MCO+FQHC x LTC =HCOE

- Previously Ryan White Clinic and now Federally Qualified Health care -DAP Health and Managed Care Organization (Desert Oasis Health Care) collaborated from 2015-16 to 2020. (Pre-pandemic)
- RAPID SCALE up on Screening -Diagnosis -
- **Linkage to Care** **Early Intervention Service EIS. NAVIGATION TEAM**
- Rapid INITIATION-of Treatment within 1-4 weeks
- Navigation of Individuals to start to complete HCV TX till SVR

DOHC Managed Care Organization **MCO**

DAP-Health- Federally Qualified Healthcare **FQHC**

MCO

Hepatitis Center of Excellence

FQHC

**Community Out reach Free testing education-
counseling
Sexual wellness clinic-testing
MCO-members testing by primary care
Linkage to care of Positive HCV AB to HCOE
1st Visit with ID physician-
Pharmacy assisted management of TX
Assistance with benefits/prior authorizations/
Referral to Behavioral
Health/Addiction/Transportation
Navigation by LTC TEAM to SVR**

DOHC Managed Care Organization **MCO**

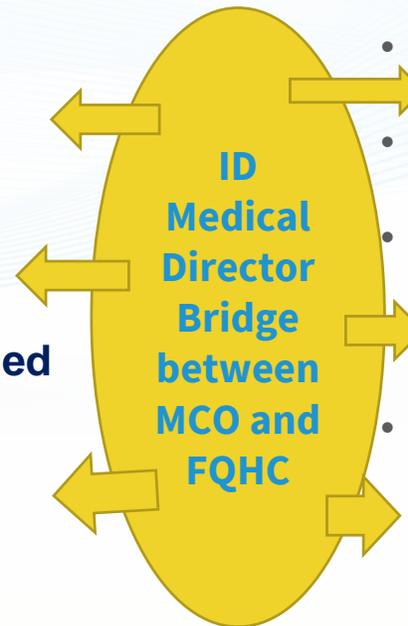
DAP-Health- Federally Qualified Healthcare **FQHC**

MCO

Hepatitis Center of Excellence

FQHC

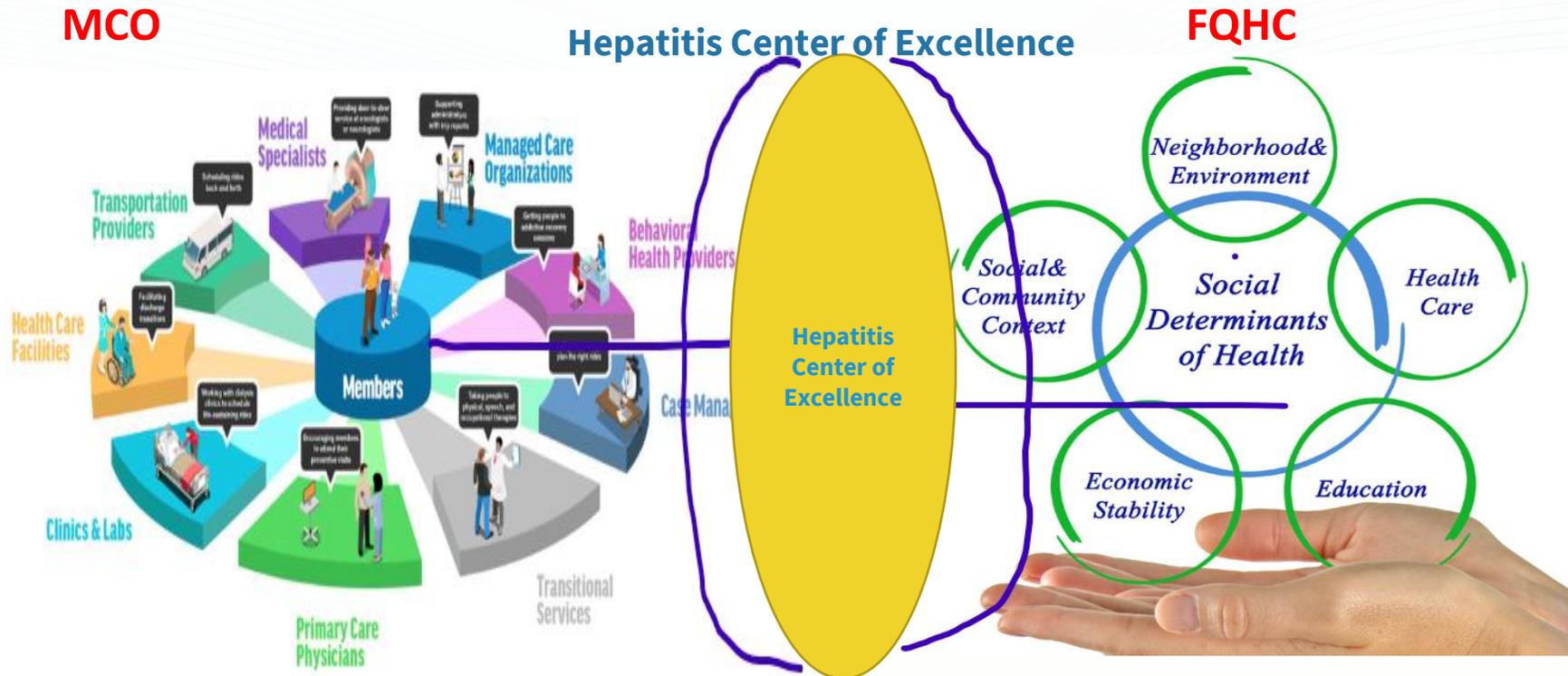
- Focus on Delivery of cost effective HealthCare to MEMBERS.
- Disease Management by Trained Pharmacists
- ID Medical Director Consultant to Managed care Members
- Trained /Supervised/ Treatment



- Focus on Serving the Community
- Under Insured or Uninsured
- Marginalized Population
- Ryan White Clinic before FQHC
- Equitable Healthcare to ALL
- ID Consultant –Population Health
HIV HCV HBV MPOX Covid 19

DOHC Managed Care Organization **MCO**

DAP-Health- Federally Qualified Healthcare **FQHC**



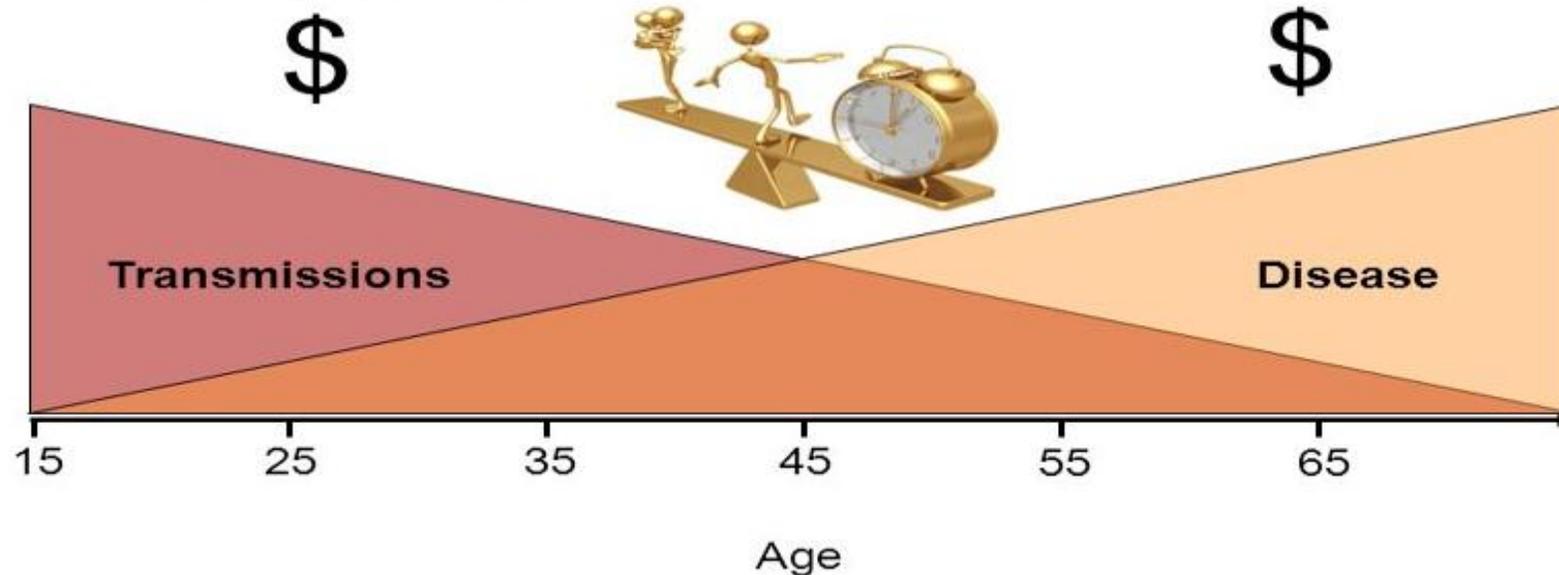
Treatment as Prevention of Transmission - & Reducing healthcare burden- 2 ends of HCV spectrum

Preventing infection among younger people

- Harm reduction
- Interrupt transmission networks
- Treatment as prevention?

Screening and treating older people

- Prevent serious liver disease / liver cancer / need for transplant



Hepatitis Center of Excellence HCOE



Successes ! Increase in Screening

- **Increase in Free HCV Screenings Yearly**

- Year 2017: **1387** screenings
- Year 2018: **1643** screenings
- 2016-2019 STI Sexual Wellness Clinic tested **20,905 / 314 positive**

- **OUT REACH to Community: Education, Advocacy and Free Testing**

Counseling: Mr. Jose De La Cruz and his team- -Visit nearly 40 different sites: Outreach – Community Education/ Counseling for Testing for HIV HCV in Prisons, Addiction Rehabilitation centers, Methadone Clinics, Recovery of Drug Rehabilitation Facilities as well as community test sites and at events.

- **HCV Forum-Events :** Organized to reach Primary care Clinics, Physicians, Other MCO

- **LINKAGE to Care and NAVIGATION TEAM**

Even through the pandemic – the LTC and Navigation Team preformed well

SUCSESSES: Role of Pharmacist

- HCV treatment prescribed after consultation between Infectious Disease clinician and Clinical Pharmacist
 - Treatment examples: Epclusa[®], Mavyret[®], Harvoni[®], Vosevi[®], Zepatier[®]**
- Prior authorization (PA) submitted by Clinical Pharmacist
 - All HCV medications are specialty medications that require a PA, with the exception of Medi-Cal**

SUCSESSES: Pharmacy Assistance

- Financial assistance programs explored for high copays through collaboration between Clinical Pharmacist, dispensing pharmacy, and patient
 - **Foundation grants offer help with out-of pocket medication co-pay costs**
 - **Examples of independent, national 501(C)(3) organizations:**
 - **PAN Foundation, HealthWell Foundation**
- Patient started on treatment and monitored until cure achieved

Successes !- LTC 98% during Pandemic

RE: Hepatitis C. Summit 2021

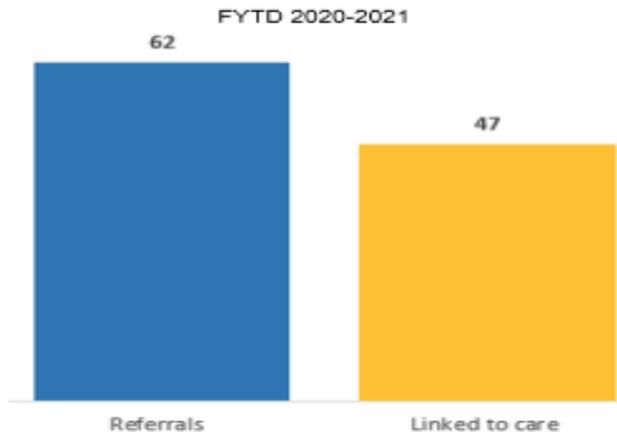
Linkage to care for HCV is defined as completing 1 medical appointment with their ID clinician.

Linkage percentages for HCV is significantly lower than HIV **linkage**.

HIV **linkage** for is currently 98%

We have made tremendous progress on improving our HCV **linkage** rates over the last 3 years.

HCV REFERRAL AND LINKED TO CARE



C.J. **To**be

Director of Community Health & Sexual Wellness

Pronouns: He, Him, His

[DAP Health](#)

760-969-5742

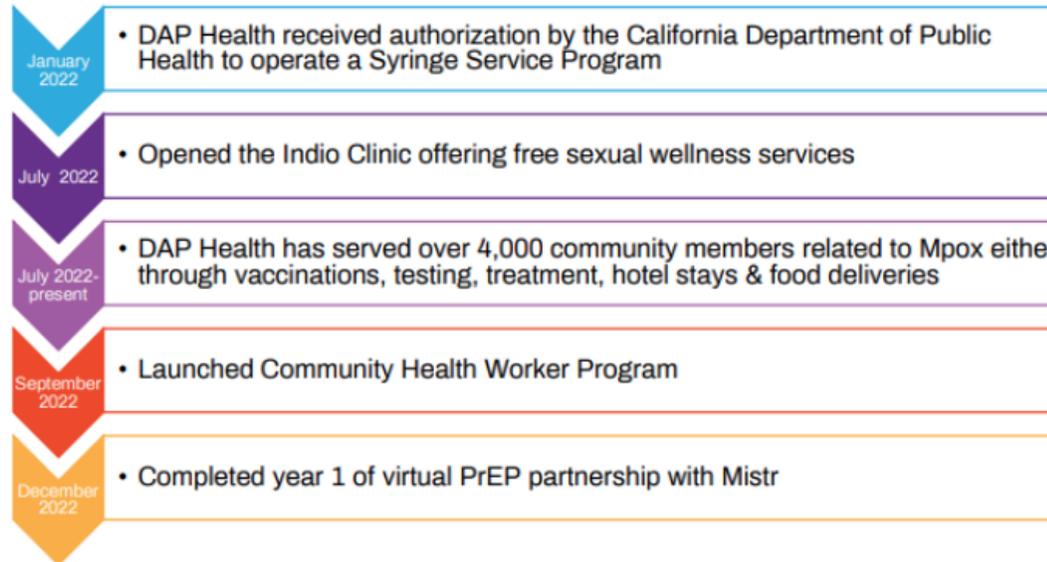


Successes: Statistics of Coachella Valley

- 2016 -2019- (3years) **580** Completed Treatment SVR
- 2020- 2022 (3 years) COVID 19 Pandemic:. DAP 276+ DOHC 67= **343**
- During Covid 19 Pandemic patients Referred – [Linked to Care - 98%](#)
- Based on Prescription Records TOTAL Treated =**791**
- Fibro-scans did we do from 2016-2020 . **910.**
- 2016 to Dec 2022 –**Estimated total SVR patients: 923**

Successes: Harm Reduction and preventive strategies for MPOX, HIV, STI HCV (the new and the old)

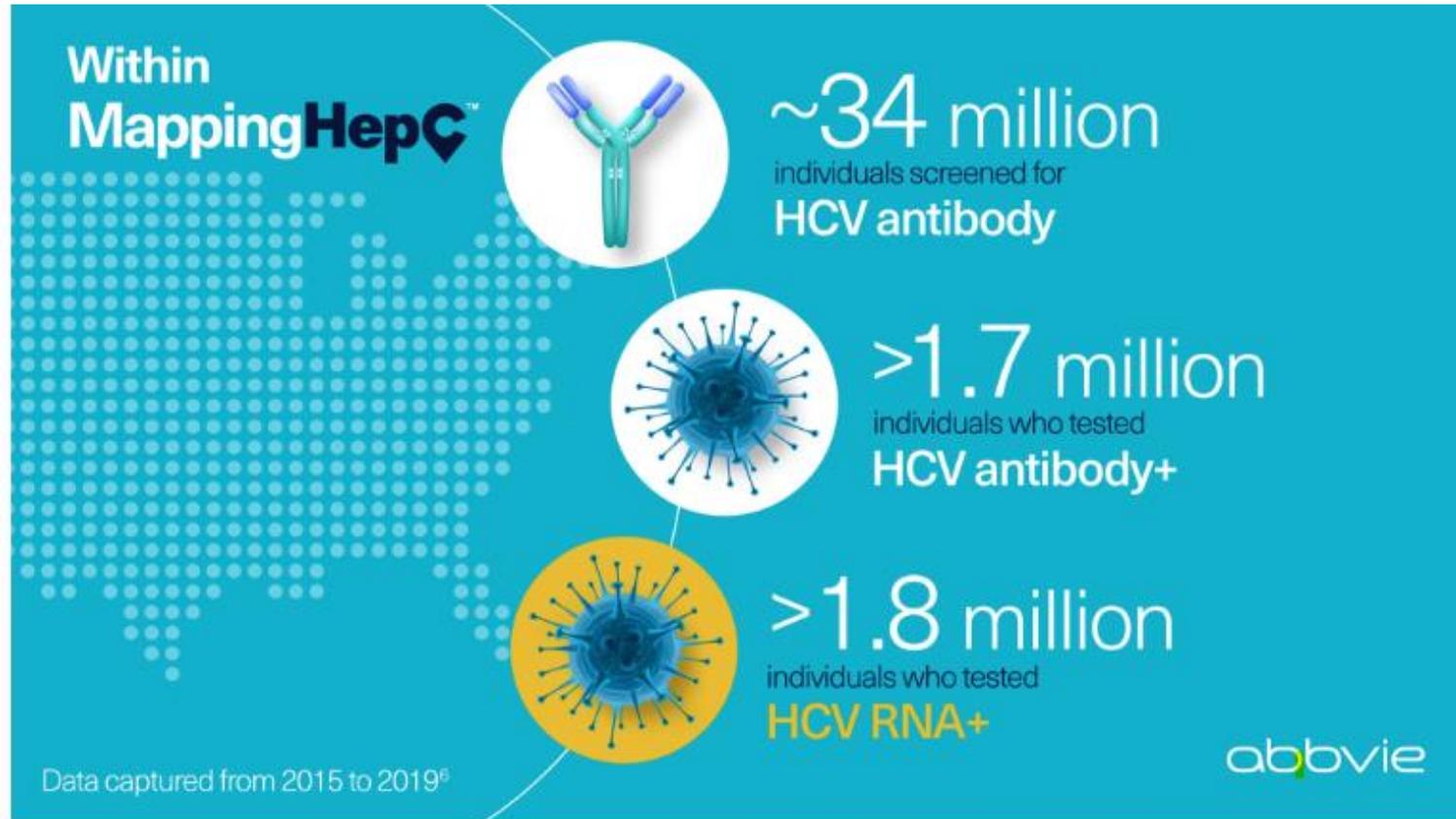
Initiatives of 2022



Challenges to Eliminating HCV

- High percentage of **undiagnosed patients** (>50%) Continues.
- **Opioid crisis STILL** fueling new HCV infections: Worse during Pandemic
- Covid 19 –**Lost momentum/ manpower/ split up of the MCO and FQHC - Linkage to care was challenge during pandemic.**
- Persistent **barriers to testing/ referring/ and practice gaps.**
- **Providers-knowledge gaps in the care of new infections vs chronic infections**

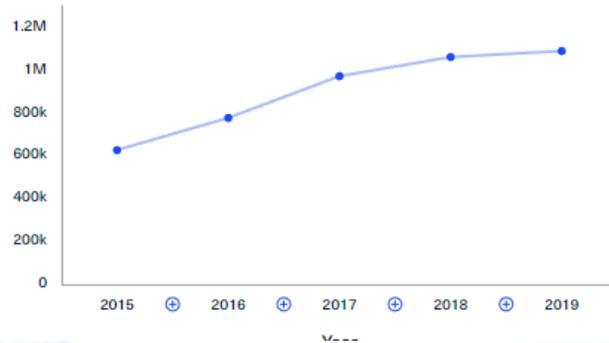
CHALLENGE: data/statistics US



CHALLENGE: California- 39.4 Million Population, 1 .09 Million Tested -5.3% HCV Positive

Number of HCV Ab screened

[View heatmap](#)



Click a data-point on the chart for info

No. of HCV Ab screened in 2019:

1,092,593

Change from 2015 to 2019:

+73.8%

+464,066
individuals



Number of HCV Ab+

[View heatmap](#)



Click a data-point on the chart for info

No. of HCV Ab+ in 2019:

58,329

Change from 2015 to 2019:

+38.6%

+16,238
individuals



Actual data

Challenges in Treating PWID

- Knowledge deficit among many healthcare providers-
- -Price of treatment.
- Questioning whether PWID “deserves” treatment
- Practice gaps impacts- the engagement-referral-and treatment of PWID
- Lack of sufficient local prevention services in harm reduction

CHALLENGES: Re-infection: **TRUTH ABOUT the Cure – No Immunity**

- **Re-Infection:** Get Exposed to HCV YOU can Get It AGAIN.
- **Educate/Counsel and Support “Staying Cured”**
- **IMPORTANT in Prevention Strategy:**

Substance Abuse/IVDU

MSM

Challenges in Treating Elderly with Liver Disease

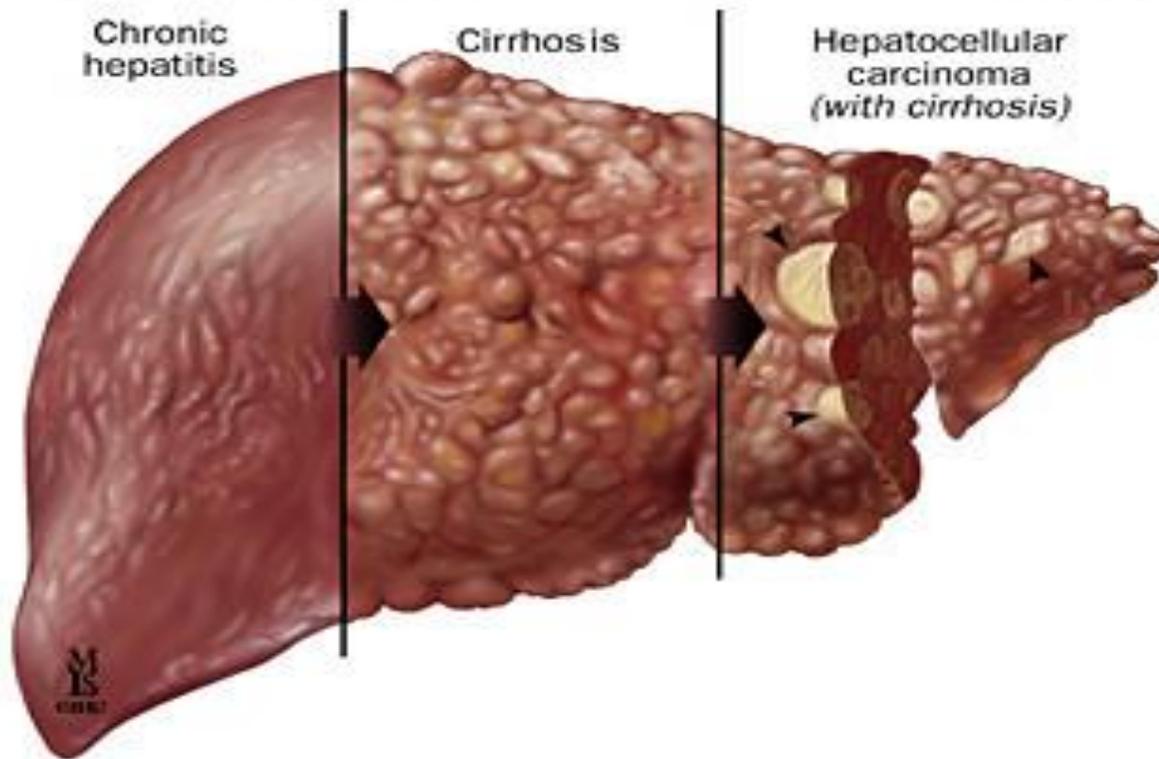
- Too late to test
- Too late to Refer.
- Comorbidities – increase with age
- Liver Disease – Cirrhosis –Decompensated/Compensated
- Liver Cancer – HCV Cure could decrease incidence
- Knowledge deficit among many healthcare providers

CHALLENGES: Asymptomatic/ Silent killer

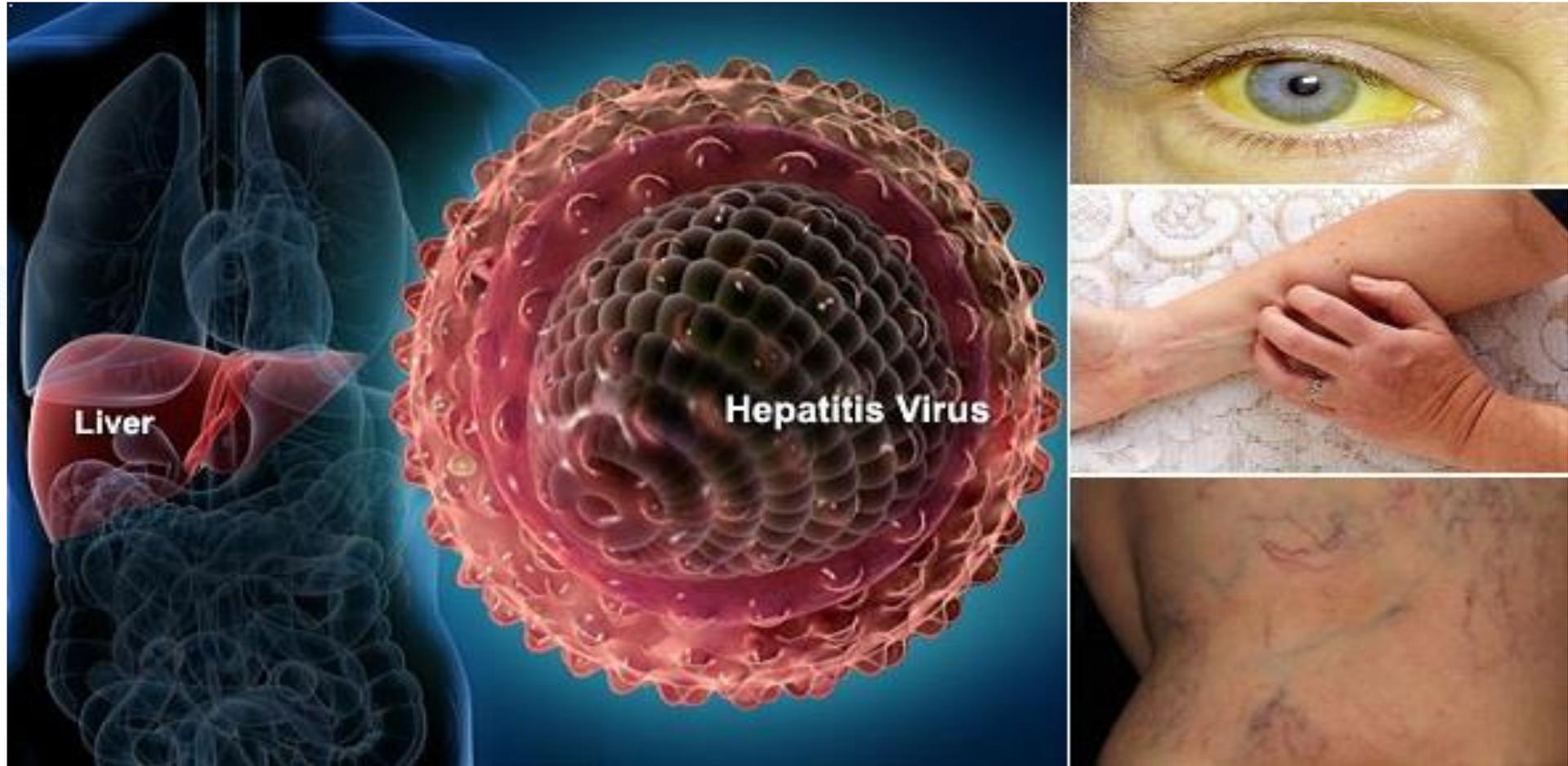
- Span of HCV disease from Stage 0-Stage 4
- 25 to 55 years.
- Asymptomatic patients must be found-tested and treated.
- Treat HCV positive Patients with HCV RNA regardless of the Stage.
-

CHALLENGE: Missed Opportunity to Treat SPAN of 25- 45 years –

- **Hepatitis C** is a **contagious liver infection** caused by the **hepatitis C virus (HCV)**. The **hepatitis C virus** was discovered in 1989. The natural course of **hepatitis C disease** varies from one person to another. The first phase of **disease** is called acute **hepatitis C** and covers the first 6 months after a person is infected.



CHALLENGES: Too late to treat? Advanced Liver Disease



SCIENTIFIC REPORTS



HCV, HIV AND HBV Rapid Test Diagnosis in Non-Clinical Outreach Settings Can Be as Accurate as Conventional Laboratory Tests

By Milagros Muñoz-Chimeno, Jorge Valencia, Alvaro Rodríguez-Recio, Guillermo Cuevas, Alejandra García-Lugo, Samuel Manzano, Vanessa Rodríguez-Paredes, Beatriz Fernández, Lucía Morago, Concepción Casado, Ana Avellón, Pablo Ryan
May 9, 2023 Original article [↗](#)

[Hepatitis C symptoms & diagnosis](#)

Test and treat reduces hepatitis C by 83% in Melbourne gay men with HIV

[Keith Alcorn](#) | 26 October 2020 | Estimated reading time 5 minutes

New Ideas

Lessons learned- Solutions/ IDEAS

- **MUST Understand HCV Care Cascade**
- **TESTING TESTING -TESTING**
- **INCREASE Testing SITES** : - Make this Available at Methadone Clinics-/Clubs/ Community Events/ Coachella Festivals/ Large scale Gatherings
- **LINKAGE To CARE /NAVIGATION STAFF / GIVE them Tools-/**
- **Patient INCENTIVES for TX Completion**
- **Community based TX Centers with TRAIN Clinicians and PHARMACISTS driven Treatment cascade.**
- **TEST AND TREAT : RAPID Testing (RAPID DIAGNOSTICS TEST) at point of care:** HIV-HCV-HBV all At Once and Immediate Referrals for Rapid START / HCV TX and Vaccine IF Appropriate for HBV
- **STREET MEDICINE / Directly OBSERVED TX at METHADONE clinic**

GLOBAL Initiatives to Eliminate HCV



2019 HCV ELIMINATION LEGISLATIVE AWARENESS DAY

JOIN IN DEMANDING
NEW YORK STATE
ELIMINATE HEP C

Rally and meet with
legislators to demand funding
for testing, prevention, and
linkage to care and cure!

**END HEP C
NEW YORK STATE**

FEB 5, 2019

Tuesday | 10AM-3PM
Empire State Plaza
Albany, NY!

Please Jawanza for more information: 929-320-7824 | jawanza@vocal-ny.org



The Community Health Training Alliance Presents

**Philadelphia's Path
Towards HCV Elimination:**

IN HONOR OF
WORLD HEPATITIS DAY

FRIDAY, JULY 27, 2018 / 8 AM - 10 AM

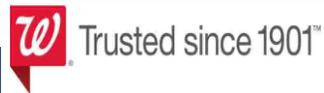
Loews Philadelphia Hotel / 1200 Market Street / Philadelphia, PA 19107

**Eliminate Hepatitis C
Australia Partnership**

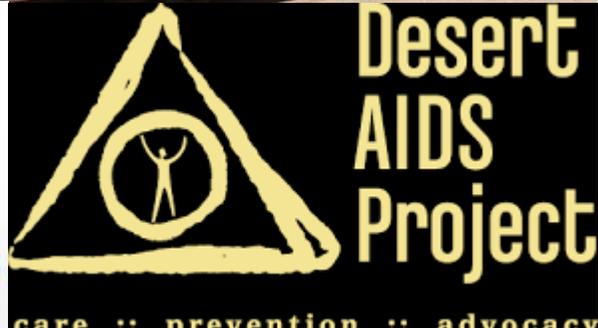
THE TIME HAS COME TO
#EliminateHepC
IN CANADA



Get Motivated Coachella Valley



Coachella Valley-



THANK YOU.

QUESTIONS???

Strategies for Integrating Viral Hepatitis into Your HIV Program

Ending the HIV Epidemics Regional Learning Collaborative, May 23, 2023

Rachel McLean, MPH

California Department of Public Health



WHY should we integrate viral hepatitis into HIV programs?

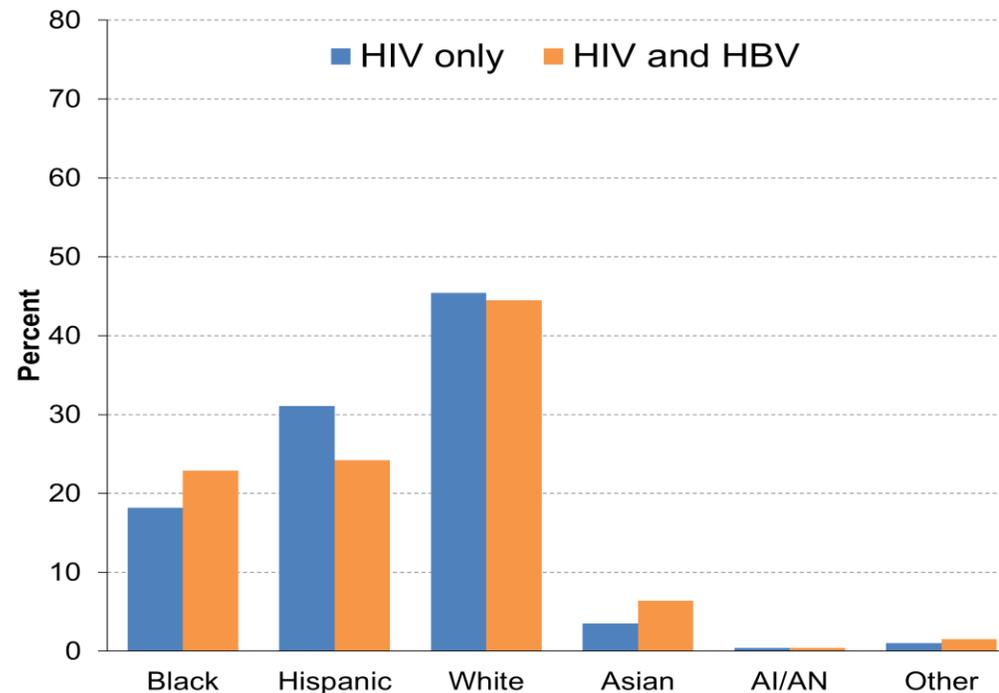
- **HIV x viral hepatitis:**
 - **Overlapping transmission routes** →
 - HIV increases hepatitis C virus (HCV) transmission risk during sex or at birth*
 - People with HIV are less likely to clear HCV on their own & can develop liver disease faster than people without HIV
 - Some HIV drugs may affect the liver; some overlapping medications for HIV & hepatitis B virus (HBV)

	HIV	HBV	HCV*
Blood	x	x	x
Unprotected Sex (semen, vaginal secretions)	x	x	x
Birth (birthing parent to child)	x	x	x

HBV/HIV Coinfection

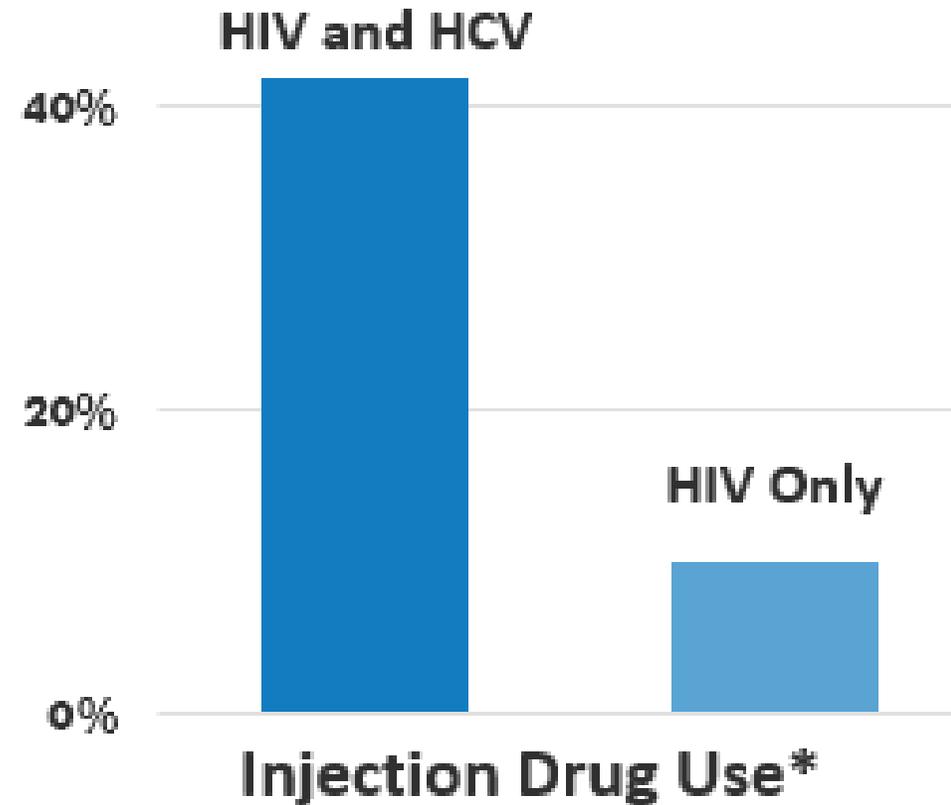
- National estimate:
10% of people
with HIV
- CA analysis, 2011:
5% (known) of
people with HIV

People with HIV/HBV coinfection were more likely to be Asian American, Native Hawaiian or Pacific Islander (RR = 1.8)



HIV/HCV Coinfection

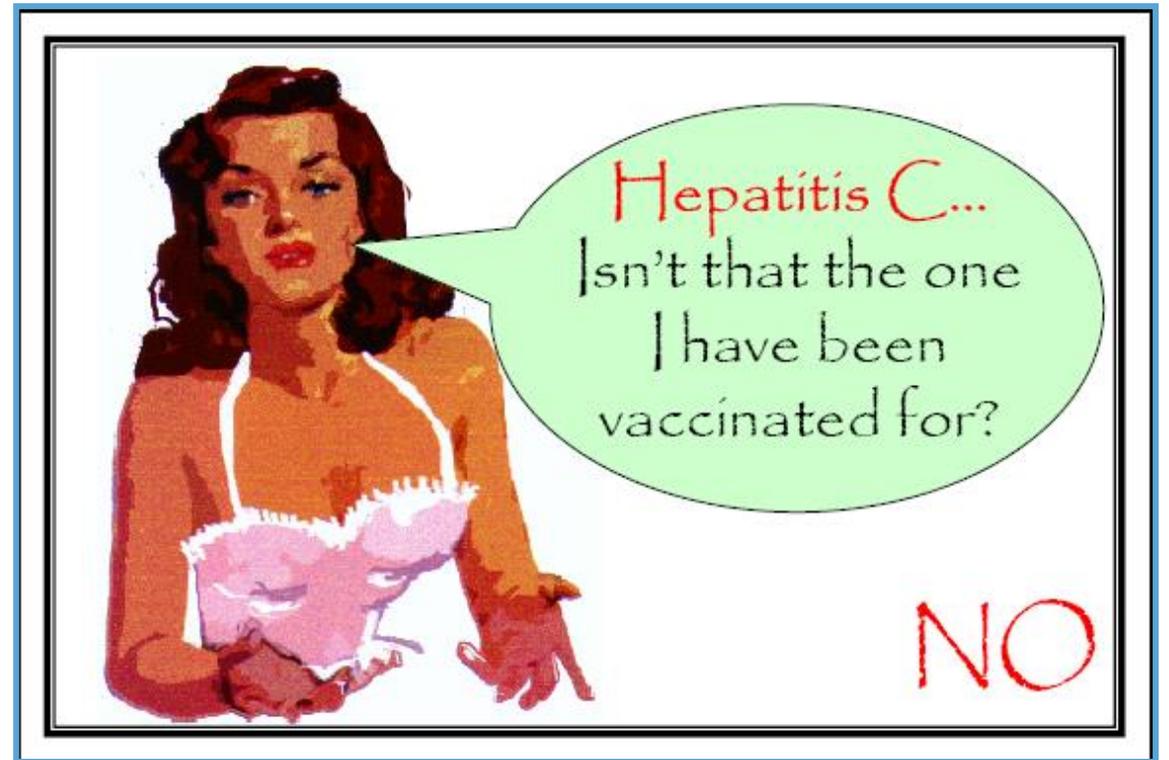
- National estimate: 25%
- CA analysis, 2016: 11% (known) among people with HIV
- Injection drug use (IDU) most common risk factor



* Includes people who reported injecting drugs and people who reported both injection drugs and male-male sexual contact

WHAT should we do to integrate viral hepatitis into our HIV programs?

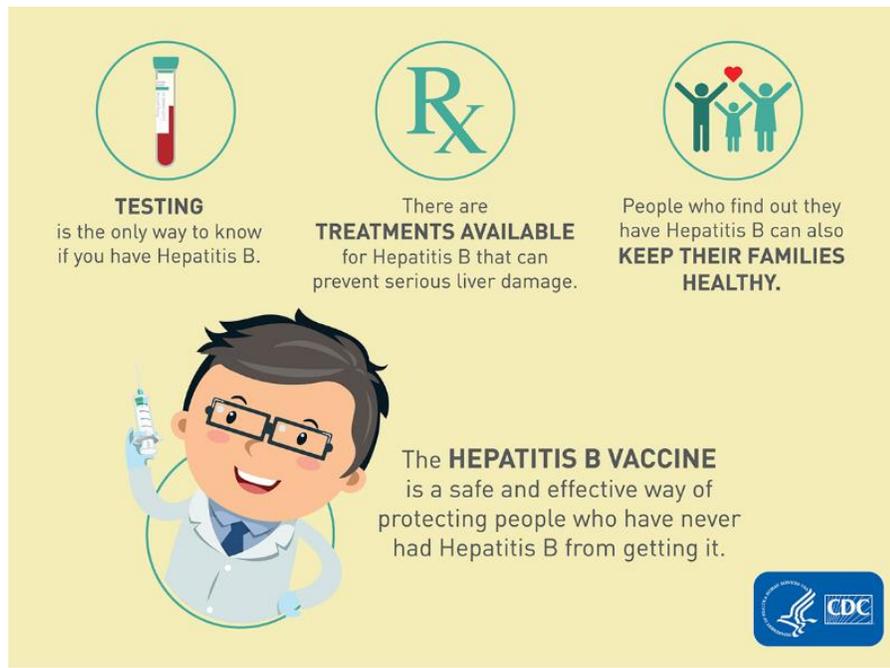
- EDUCATE
- VACCINATE
 - People with HIV and people at increased risk* for hep A
 - All adults and people with HIV for hepatitis B
- PREVENT
 - Promote access to safe injection equipment, medication for opioid use disorder, contingency management for meth use
- TEST
 - Adults for HBV and HCV at least once in their lifetime
 - All people with HIV and people at ongoing risk annually
 - People being considered for PrEP (test for hepatitis B)



* People at increased risk for hepatitis A include people who use drugs, people experiencing homelessness, people engaged in male-male sexual contact, people with chronic liver disease, and others. See [CDPH Viral Hepatitis Guide for Primary Care Providers](#) for more information.

What else? TREAT!

- Hepatitis B can be treated



The infographic features three circular icons at the top: a test tube with red liquid, a green 'Rx' symbol, and a family of three holding hands with a red heart above them. Below these icons are three columns of text. The first column discusses testing, the second discusses available treatments, and the third discusses the benefits of the Hepatitis B vaccine. At the bottom left is a cartoon illustration of a doctor in a white coat and glasses holding a syringe. At the bottom right is the CDC logo.

TESTING
is the only way to know if you have Hepatitis B.

There are **TREATMENTS AVAILABLE** for Hepatitis B that can prevent serious liver damage.

People who find out they have Hepatitis B can also **KEEP THEIR FAMILIES HEALTHY.**

The **HEPATITIS B VACCINE** is a safe and effective way of protecting people who have never had Hepatitis B from getting it.



- Hepatitis C can be CURED!

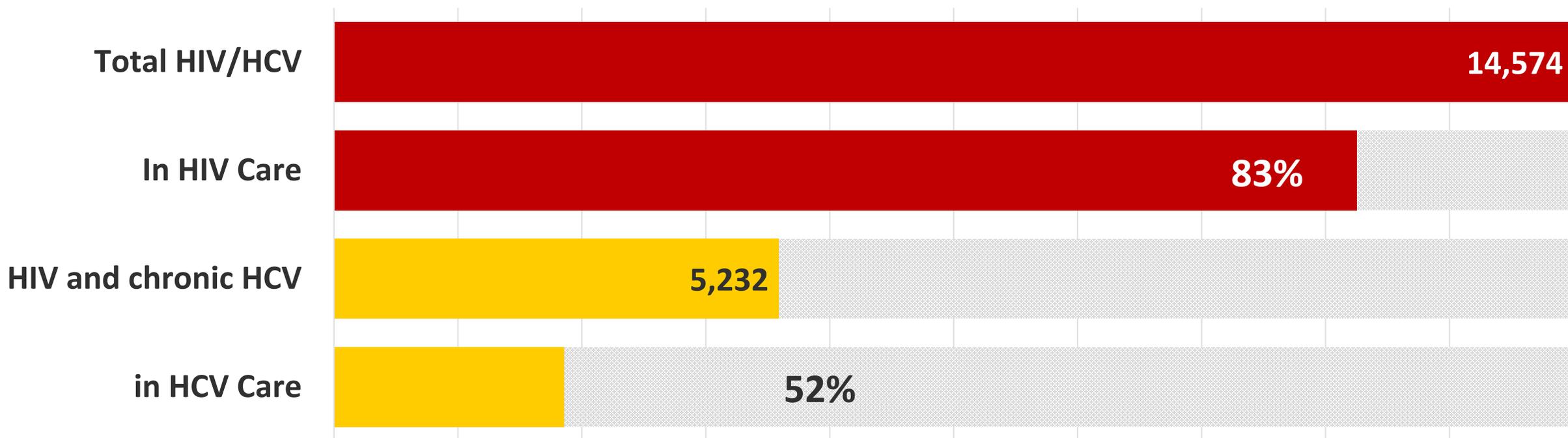
Living with Hep C? New treatments have changed the game



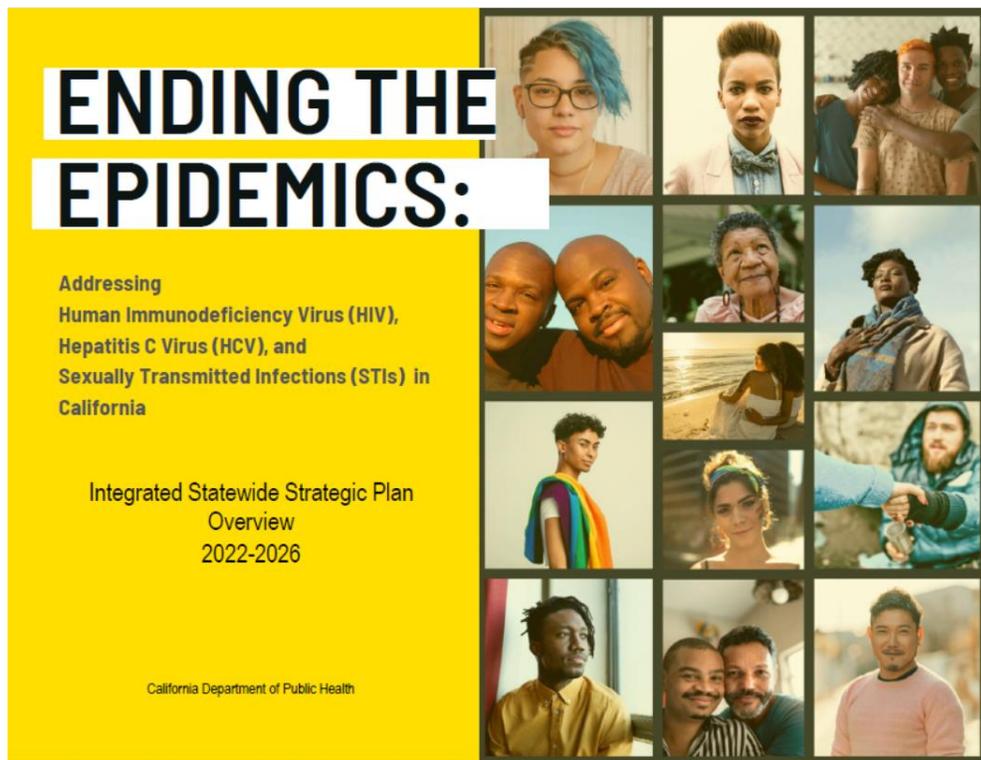
There is new hope for people with Hep C
Come visit us to talk about the new cure

People with HIV/HCV Coinfection in CA Often Out of Care

83% percent of those with known HIV/HCV coinfection in CA in 2016 were in HIV care, while **52%** of those with active HCV were in HCV care.



Integrated HIV, HCV, and Sexually Transmitted Infections (STIs) in California Strategic Plan, 2022-2026



- Centered around six social determinants of health:
 - Racial equity
 - **Housing first**
 - Health access for all
 - **Mental health and substance use**
 - Economic justice
 - **Stigma free**

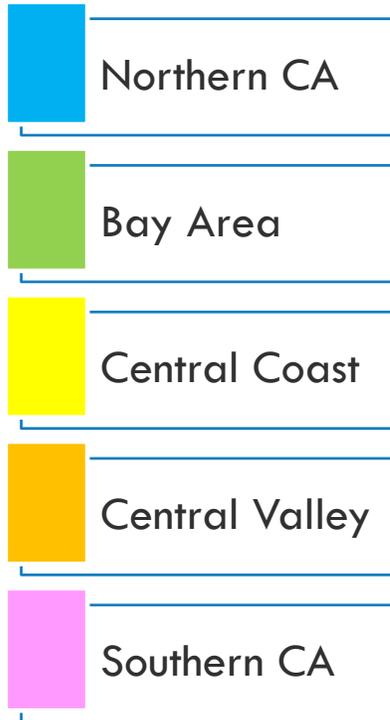


Racial Equity: Current Efforts

- State HCV Prevention & Collaboration Grants (\$4.5M to 22 LHJs)
 - Funding formula accounts for LHJ-specific, HCV-related racial disparities
 - Grant emphasizes priority populations disproportionately affected by HCV in California, including African Americans/Black people, and American Indian/Alaska Native people
 - LHJs must use 50% of funds to support CBOs (directly or in-kind)

WHO are we funding? To do WHAT?

- Total: 22 LHJs
- 83% non-state prison-based HCV cases statewide, 2016
- Median award: \$189K



Local Health Jurisdiction (LHJ)	HCV GF 2019 Allocation	Minimum for CBOs
Alameda County (excluding Berkeley)	\$201,015	\$100,507.50
Humboldt	\$178,338	\$89,169.00
Kern	\$198,640	\$99,320.00
Long Beach	\$186,501	\$93,250.50
Los Angeles County (excluding Pasadena, Long Beach)	\$377,737	\$188,868.50
Marin	\$179,146	\$89,573.00
Monterey	\$183,368	\$91,684.00
Orange	\$234,570	\$117,285.00
Riverside	\$222,681	\$111,340.50
Sacramento	\$206,611	\$103,305.50
San Bernardino	\$222,957	\$111,478.50
San Diego	\$237,970	\$118,985.00
San Francisco	\$190,406	\$95,203.00
San Joaquin	\$191,563	\$95,781.50
San Luis Obispo	\$180,268	\$90,134.00
San Mateo	\$186,340	\$93,170.00
Santa Barbara	\$184,328	\$92,164.00
Santa Clara	\$205,236	\$102,618.00
Santa Cruz	\$180,309	\$90,154.50
Shasta	\$179,046	\$89,523.00
Sonoma	\$183,425	\$91,712.50
Ventura	\$189,544	\$94,772.00
Total	\$4,500,000	\$2,250,000

2019 General Fund HCV Prevention & Collaboration Grants, Scope of Work: Part I – Surveillance and Case Follow Up

- I. Surveillance 
- II. HCV testing and linkages to care
- III. Collaborations
- IV. LHJ/CBO subcontracts

- Acute HCV case follow up (required)
- Special populations (optional):
 - Infants 2-36 months of age
 - Young persons 15-29 years of age
 - **People with HIV/HCV coinfection**
- Surveillance data analysis, mapping, dashboards, innovative activities (optional)

2019 General Fund HCV Prevention & Collaboration Grants, Scope of Work: Part II – HCV Testing/Navigation/Care

I. Surveillance

II. HCV testing and linkages to care



III. Collaborations

IV. LHJ/CBO subcontracts

- HCV antibody testing
- HCV RNA testing
- Patient navigation
- Care coordination

Housing First: Current Efforts & Future Opportunities

- Effective July 1, 2022, LHJs and CBOs may use state HCV grant funds to provide material support, including, but not limited to:
 - Sleeping bags, tarps, shelter, clothing items, and hygiene kits
 - Shelter may include hotels or motel stays, e.g., during HCV treatment
- Leverage the California Advancing and Innovating Medi-Cal (Cal-AIM) initiative housing supports for Medicaid beneficiaries

Health Care Access for All: Current Efforts—Testing

- Testing
 - Effective July 1, 2021, \$1M one-time state funding HCV rapid test kits and supplies and training for eligible LHJs and CBOs
 - Effective January 1, 2022, [Assembly Bill 789](#) requires primary care facilities to offer adults HBV/HCV screening per USPSTF guidelines
 - Effective July 1, 2022, state appropriated \$15M one-time funding for HIV/HCV/STI screening in emergency departments (RFA pending)
 - [Working to increase access to HIV/HCV/STI training for HIV test counselors]

Health Care Access for All: Current Efforts—Treatment

- AIDS Drug Assistance Program (ADAP) has removed [prior authorization requirements](#) for some HCV medications
- Medi-Cal Rx has removed [prior authorization requirements](#) for nearly all HCV medications; streamlined approval process
- Regional HCV Project ECHO initiatives* support training for primary care providers to treat hepatitis C in primary care

Health Care Access for All: Future Opportunities

- Leverage state-level initiatives:
 - California [Data Exchange Framework](#) requires health systems across CA to **share data for care coordination** starting in January 2024
 - [Cal-ALM Justice-Involved Initiative](#) requires counties to enroll people in Medi-Cal **prior to release from prison or jail** and to offer supportive services
 - 2024 Medi-Cal expansion to all eligible adults **regardless of immigration status**
 - [Alternative Payment Methodology](#) for FQHCs in 2023; will allow for street medicine delivery and same-day billing of physical health and behavioral health services

Mental Health and Substance Use: Current Efforts

- CDPH Office of AIDS funds >35 **syringe services programs (SSPs)** and provides in-kind support through the [Harm Reduction Supply Clearinghouse](#)
- [CA Bridge](#) funds **Substance Use Navigators** in >150 emergency departments to expand linkage to medication for opioid use disorder
- California regulations require [licensed Narcotic Treatment Programs](#) (**methadone clinics**) to **test all clients for HCV and offer HIV testing at intake**
- LHJs and CBOs may use state STD and HCV Prevention & Collaboration grant funds for integrated viral hepatitis, HIV, STI, **and drug overdose** services for people living with or at risk for STIs or hepatitis C, respectively

Mental Health and Substance Use: Future Opportunities

- Develop a [CA Healthy Youth Act](#) module for middle/high school health educators on HIV, viral hepatitis, and drug overdose
- Leverage state [Contingency Management pilot](#) for people with stimulant use disorders to promote integrated service delivery
- Develop an integrated HIV/HCV/STI [outbreak response plan](#), with special considerations for responding to outbreaks among people who inject drugs, people experiencing homelessness, etc.

Economic Justice: Current Efforts & Future Opportunities

- CDC STD DIS Workforce grant created **DIS jobs**, with cross-training across HIV, STD, viral hepatitis, TB, COVID-19, mpox, etc.
- [HBV demonstration projects](#) (4 CBOs recently funded)
- Effective July 1, 2022, community health workers (CHWs)/*promotores* can now bill Medi-Cal (Medicaid)
 - Create viral hepatitis navigation jobs for people with lived experience

Stigma Free: Current Efforts & Future Opportunities

- Using **people-first and gender-neutral language** in communications and publications, including regarding pregnancy
- Updating case report forms to improve collection of **sexual orientation, gender identity** (SOGI) information and more granular **race and ethnicity** data (e.g., for Asian Americans and Native Hawaiians and other Pacific Islanders)
- Leverage new [UnShame](#) DHCS anti-stigma campaign



Questions for Consideration

- What is one thing you can do to start addressing viral hepatitis in your work this week?
 - (HINT: EDUCATE, PREVENT, VACCINATE, TEST, TREAT)
- What barriers do you anticipate?
- What resources would help you get started?

National Resources

- Association for the Advanced Study of Liver Diseases (AASLD)
 - [HBV Practice Guidelines](#) & [HCV Treatment Guidelines](#)
- [Get Tested](#) (searchable database for vaccination, testing)
- [Government Alliance for Racial Equity toolkit](#)
- U.S. Centers for Disease Control and Prevention (CDC)
 - [Adult Immunization Schedule](#)
 - [Hepatitis C Treatment Locator Widget](#)
 - [HIV-Viral Hepatitis Coinfection Information](#)
 - [Sexually Transmitted Infection \(STI\) Screening Guidelines](#)
 - [Viral Hepatitis Information](#)
- University of Washington: [Hep B Online](#) | [Hep C Online](#)

California-Specific Resources

- California Department of Public Health (CDPH) Office of AIDS
 - [AIDS Drug Assistance Program Formulary](#)
 - [HIV/HCV Testing](#) (includes information on rapid testing in non-medical settings)
 - [HIV Prevention Guidance for PS18-1802 Grantees](#)
- CDPH [Office of Viral Hepatitis Prevention](#)
 - [CDPH Dear Colleague Letter - Assembly Bill \(AB\) 789 \(March, 2022\) \(PDF\)](#)
 - [Hepatitis C Testing and Linkage to Care Demo Projects, California-2016-2018, Evaluation Report \(PDF\)](#)
 - [Viral Hepatitis Guide for Primary Care Providers](#)
- HCV Project ECHO (free, web-based training for primary care providers)
 - [University of California San Francisco](#)
 - [University of Southern California](#)

Questions, Comments, Revelations?





Contact Information

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STD Control Branch

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