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
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.
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 Breakfaстs
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:

- **PREVENT 90%** of new infections
- **IDENTIFY 80%** of those currently infected
- **LINK 90%** of those infected to treatment
- **TREAT 95%** of those infected with HCV
- **CURE 95%** of those treated
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

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

Master Strategy
Get Tested Coachella Valley...

The Desert Sun
What three years and $5.5M...

The Joslyn Center aims to...

Unidos vencemos. ¡Derrotemos al VIH!
Cuando todos hagamos la prueba, todos ganemos.

World AIDS Day is December 1
Get a Head Start on a Healthy New Year
for a safe and healthy community. HIV test soon. DUCK HERE.

Issuu
Get Tested Coachella Valley...

DAP Health
GET TESTED Coachella Valley!
HIV Experience 2014-2018

Our Got Tested Coachella Valley Team

We want to express our immense gratitude towards all those individuals who’ve volunteered and stepped up to the community and set an example of how to support the health and well-being of our fellow Valley residents. A dedicated team of volunteers, including members of the community, worked hard to develop and support the program. We want to thank all those who participated in the Got Tested Coachella Valley campaign.

Community members and volunteers at an event, showcasing educational materials and services offered by the team.

DAP Health
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 ARVTX 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:

Prevent HCV infection  Ab + RNA testing  Linkage to care  Evaluation (Liver disease staging)  Treatment (8-12 weeks)  Test of cure*  Prevent HCV re-infection

Patient navigation

Care coordination

* Performed 12 weeks after treatment is completed. More than 95% of people treated with HCV direct-acting antivirals will achieve sustained virologic response (SVR, or HCV cure). Some may need ongoing monitoring for liver cancer.
FOCUS on the 3 ELEMENTS: HCV
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, APk, BCACP,1 Tulika Singh, MD, MS, AAHIVS,2 David Morris, MD,3 Brian Hodokin, PharmD, FCSHP, FASHP,1 Jade Le, PharmD, BCACP,1 and Shubha J Keirak, MD3

Abstract

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

Nicolella Duong, PharmD, Linda Valenzuela, PharmD, Tulika Singh, MD, David Morris, MD, Brian Hodgkins, PharmD, Jade Le, PharmD, BCPP, Shilpa Kerkar, MD

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 21.9% from 2015 to 2016.1
- About 350,000 Californians live with HCV, mainly attributed to baby boomers (1945-1964) and even young adults ages 15-39 primarily due to injection-drug use.2 The rate of newly reported chronic HCV infections increased by 14% from 2014 to 2016 in California.3
- An estimated 2-3 million individuals in the Coachella Valley are at risk for HCV infection. The Coachella Valley is also known that only 29% are aware of their diagnosis.1
- One of the recommendations of HCV infections is the World Health Organization to set the goal for viral hepatitis elimination by 2030.1
- The first 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 Desert Oasis Healthcare Center (HCE).3
- Clinical care within a managed care organization play an essential role in providing the care necessary to overcome these barriers.

PURPOSE
The partnership of the NCCD and federally qualified health center (FGHC) was established in 2017 to share resources and expand access to care in the HCV community. Thus, our program focus is to eliminate HCV in the Coachella Valley by reaching the previous success in human immunodeficiency virus (HIV) testing and HIV LTC at the FGHC through an efficient integration of quality care. We have established an efficient HIV testing and LTC program and will 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 pharmacy-assisted 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 virological response (SVR).
- Exclusion criteria consisted of patients who were not to follow-up at our clinic or unable to contact.
- A Microsoft Excel sheet was used to collect and record pertinent information on demographics, past medical history, and current hepatitis C medication(s).

RESULTS

<table>
<thead>
<tr>
<th>HCV Positive Patient Population</th>
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<tbody>
<tr>
<td>Born between 1945 to 1965</td>
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<tr>
<td>Born between 1990 to 2000</td>
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<tr>
<td>Other</td>
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</table>

HCV Genotype Prevalence at HCE

<table>
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<tr>
<th>Genotype 1</th>
<th>Genotype 2 &amp; 3</th>
<th>Genotype 4 &amp; 5</th>
<th>Genotype 6</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Linkage to Care

- The first visit with a clinical pharmacist occurs 2-4 weeks after the initial HCV consult appointment with the specialty physician.
- This visit with the clinical pharmacist consists of HCV education, reviewing lab results, ultrasound, virology results, resolving insurance issues, and providing treatment recommendations.
- From 2017 to 2018, 169 of 172 HCV positive individuals (97.2%) achieved SVR after treatment completion through the pharmacist-driven HCE.
- Only 2 individuals were unable to achieve SVR despite completing treatment due to loss to follow-up.
- Of note, 94 of 172 HCV positive patients with treatment completion (53.2%) were referred from the managed care organization, while the remainder being referred from entities including outpatient facilities and community testing sites.
- The newly established HCV linkage to care program has improved an elimination rate demonstrated by the 3.6% increase in HCV free testing from 2017 (258) to 2018 (394).
- 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 FGHC and MCQ allowed for high-quality healthcare management by pharmacies to provide care for a larger volume of 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 FGHC and clinical pharmacies of the MCQ combined with community philanthropy support has facilitated hepatitis C elimination based on the high SVR rates. HCV elimination is possible.4
- 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

DISCLOSURES
- All presenters disclose 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

Community Outreach:
- 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

Hepatitis Center of Excellence
DOHC Managed Care Organization **MCO**

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

### MCO
- 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

### FQHC
- Focus on Serving the Community
- Under Insured or Uninsured
- Marginalized Population
- Ryan White Clinic before FQHC
- Equitable Healthcare to ALL

**Hepatitis Center of Excellence**

- ID Medical Director Bridge between MCO and FQHC
- ID Consultant –Population Health
- HIV HCV HBV MPOX Covid 19
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

Transmissions

Disease

Age

15 25 35 45 55 65

$ $
Hepatitis Center of Excellence HCOE

Linkage to Care and Case Management AND NAVIGATION Team

Behavioral Health and Substance Abuse Recovery Help

Outpatient Support Services

Noninvasive FibroScan Replaces Biopsies

Infection Disease MDs and PharmDs

Community Outreach
- Prevention
- Screening
- Education

No Hassle Referral Policy and Most Insurance Accepted
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
**SUCCESSES: 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
**SUCCESSES: 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. Tobe
Director of Community Health & Sexual Wellness
Pronouns: He, Him, His
DAP Health
760-969-5742
Successes: Statistics of Coachella Valley

- **2016-2019** (3 years) 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

- DAP Health received authorization by the California Department of Public Health to operate a Syringe Service Program
- Opened the Indio Clinic offering free sexual wellness services
- DAP Health has served over 4,000 community members related to Mpox either through vaccinations, testing, treatment, hotel stays & food deliveries
- Launched Community Health Worker Program
- Completed year 1 of virtual PrEP partnership with Mistr
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

~34 million individuals screened for HCV antibody

>1.7 million individuals who tested HCV antibody+

>1.8 million individuals who tested HCV RNA+

Data captured from 2015 to 2019

US - DATA Captured 2015 to 2019
Courtesy of AbbVie
CHALLENGE: California - 39.4 Million Population, 1.09 Million Tested - 5.3% HCV Positive

Number of HCV Ab screened

No. of HCV Ab screened in 2019:
1,092,593
Change from 2015 to 2019:
+73.8%
+464,066

Number of HCV Ab+

No. of HCV Ab+ in 2019:
58,329
Change from 2015 to 2019:
+38.6%
+16,238

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

By Milagrosa Muñoz-Chimeno, Jorge Valencia, Alvaro Rodriguez-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
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 DIAGNOTICS 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
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).

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<tr>
<th></th>
<th>HIV</th>
<th>HBV</th>
<th>HCV*</th>
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<tr>
<td><strong>Blood</strong></td>
<td>✗</td>
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<tr>
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<td><strong>Birth</strong></td>
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<td></td>
<td></td>
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<tr>
<td>child)</td>
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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
- 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 co-infection 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

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<thead>
<tr>
<th>Local Health Jurisdiction (LHJ)</th>
<th>HCV GF 2019 Allocation</th>
<th>Minimum for CBOs</th>
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<tbody>
<tr>
<td>Alameda County (excluding Berkeley)</td>
<td>$201,015</td>
<td>$100,507.50</td>
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<tr>
<td>Humboldt</td>
<td>$178,338</td>
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<td>Kern</td>
<td>$198,640</td>
<td>$99,320.00</td>
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<td>Long Beach</td>
<td>$186,501</td>
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<td>Los Angeles County (excluding Pasadena, Long Beach)</td>
<td>$377,737</td>
<td>$188,868.50</td>
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<tr>
<td>Marin</td>
<td>$179,146</td>
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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)

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
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]

USPSTF=U.S. Preventive Services Task Force
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

University of California San Francisco (UCSF) HCV Project ECHO trains providers in Northern California, the San Francisco Bay Area, and Central Valley. University of Southern California (USC) HCV Project ECHO trains providers in/around Los Angeles.
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-AIM 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

CDC=U.S. Centers for Disease Control and Prevention; DIS=Disease Investigation Specialist; TB=Tuberculosis
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?

SMILES ARE CONTAGIOUS!

DON'T WORRY, I'M VACCINATED
Contact Information

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