Accomplishments and Future Directions
Summary for HCPC Meeting 6.25.18

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Presentation Outline

1. HCV interventions
2. State and local HCV epidemiology
3. End Hep C SF structure and strategies
4. End Hep C SF outcomes and accomplishments
5. End Hep C SF barriers
HCV Cascade of Care

- Anti-HCV positive
- RNA Positive* (Viral Infection)
- Treatment Initiation
- Treatment Completion
- Cure
- Prevent Reinfection

*HN155263
HCV Interventions

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Testing</th>
<th>Linkage to Care</th>
<th>Clinical Care/Cure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Syringe access</td>
<td>• Rapid testing (Ab)</td>
<td>• CBO-based linkage programs</td>
<td>• Assessment of Liver Health</td>
</tr>
<tr>
<td>• Safer Injection counseling</td>
<td>• Clinic-based testing</td>
<td>• Peer-based linkage</td>
<td>• HCV treatment &amp; cure</td>
</tr>
<tr>
<td>• Opiate replacement therapy</td>
<td></td>
<td>• Co-located services</td>
<td>• Monitor post-cure</td>
</tr>
</tbody>
</table>
Chronic Hepatitis C – Age Distribution of Newly Reported Cases, California, 2007 and 2015

2007*

2015†

*N = 41,037; excludes 547 cases with missing age or sex information.
†N = 33,454; excludes 294 cases with missing age or sex information.
Chronic Hepatitis C – Rates of Newly Reported Cases in Ranked Order by Local Health Jurisdiction, Excluding Cases in State Prisons, California, 2015

Notes:
- Rates were not calculated for the following local health jurisdictions, which reported five or fewer cases in 2015: Alpine (0) and Sierra (2) counties.
- State prison cases were removed from local health jurisdiction totals and attributed to the state prison system as a whole.
Chronic Hepatitis C – Rates of Newly Reported Cases by County, Excluding Cases in State Prisons, California, 2011 and 2015

2011

2015

Rate per 100,000

- 0 cases reported
- < 5
- 5 - 54
- 55 - 94
- 95 - 129
- 130 +

Notes:
* No cases reported or statistically unstable rates for five local health jurisdictions in 2011, including Alpine, Colusa, Inyo, Mono, and Sierra counties; and two local health jurisdictions in 2015, including Alpine and Sierra counties.
* State prisons cases were removed from local health jurisdiction totals and attributed to the state prison system as a whole.
Hepatitis C in San Francisco

- In 2016, there were 1,008 (117.6/100,000) newly confirmed cases of Hepatitis C
  - 30% African-American
    - Source: A Nishimura, personal communication, Feb 2018

- About 2.5% of the population (or 22,000 residents) have been infected with HCV

- An estimated 12,000 persons currently infected with HCV

End Hep C SF Partnerships and Strategic Plan
End Hep C SF Community Engagement Strategies

- **New Treatments Have Changed the Game Campaign 2015**
  - Video installment, 2018

- **Tales from the Cured community meeting, August 3, 2017**

- **Get Cured, Stay Cured community meeting, March 8, 2018**

- **Peer-based HCV linkage program, 2018**

Photos courtesy of End Hep C SF, Community meeting 8/3/17
End Hep C SF
Community-based Testing Strategies

- **HIV/HCV Rapid Testing Sites**
  - Syringe exchange programs
  - Shelters
  - Single-room occupancy hotels
  - Residential drug treatment intake
  - Transgender wellness group

- **Lab-Based Testing**
  - Methadone programs
  - Jails
Increased Community-Based Screening

Rapid Antibody HCV Testing, 1/1/15-12/31/17
San Francisco Department of Public Health

Overall 2017 Antibody Reactivity Rate 18.4%
Community-Based Screening Antibody Reactivity by Risk Factor

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>% of Reactives</th>
<th>Total Ab+ (n= 519)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDU ever</td>
<td>92.1%</td>
<td>478</td>
</tr>
<tr>
<td>Ever stimulant smoking</td>
<td>84.0%</td>
<td>436</td>
</tr>
<tr>
<td><strong>Homeless (in past 12 months)</strong></td>
<td><strong>72.1%</strong></td>
<td><strong>374</strong></td>
</tr>
<tr>
<td>Baby Boomer</td>
<td>43.3%</td>
<td>225</td>
</tr>
<tr>
<td>Ever Incarcerated</td>
<td>24.1%</td>
<td>125</td>
</tr>
</tbody>
</table>

Community-Based HCV Rapid Tests
January 1–December 31, 2017
Reactive Tests (n=519)
Primary Care-Based HCV treatment Access: Strategy for Scale

 três componentes do programa de construção de capacidade de tratamento de HCV iniciado para médicos de cuidados primários na rede de saúde de San Francisco.

● As of February 2016
  ● In-person training
  ● eReferral consultation services
  ● Individualized clinic technical assistance

Pre and Post Intervention Analysis

<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention (16 months)</th>
<th>Post-intervention (23 months)</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Number</td>
<td>Number per month</td>
<td>Total Number</td>
</tr>
<tr>
<td>Total Patients Treated*</td>
<td>143</td>
<td>8.9</td>
<td>435</td>
</tr>
<tr>
<td>Total Clinics Represented among Treated</td>
<td>5</td>
<td>n/a</td>
<td>12</td>
</tr>
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*Five treated cases had no listed PCP

HCV Treatment Access Beyond Traditional Clinic Settings: Strategy for Impact

- Discussions underway to initiate treatment in inpatient settings, and to reinitiate at the shelter and jail

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Number of Treatment Starts</th>
<th>Treatment Completion</th>
<th>Date Treatment Program Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate Treatment Outpatient Program (UCSF)</td>
<td>136</td>
<td>120</td>
<td>August 2016</td>
</tr>
<tr>
<td>San Francisco County Jail</td>
<td>100</td>
<td>77</td>
<td>March 2017</td>
</tr>
<tr>
<td>Residential Drug Treatment (HealthRIGHT 360)</td>
<td>69</td>
<td>67</td>
<td>January 2016</td>
</tr>
<tr>
<td>Syringe Exchange (San Francisco AIDS Foundation)</td>
<td>19</td>
<td>10</td>
<td>August 2017</td>
</tr>
<tr>
<td>Street Medicine</td>
<td>12</td>
<td>7</td>
<td>May 2016</td>
</tr>
<tr>
<td>Shelter</td>
<td>10</td>
<td>10</td>
<td>Dec 2016</td>
</tr>
<tr>
<td>Magnet (Gay Men’s Sexual Health Clinic, SFAF)</td>
<td>4</td>
<td>1</td>
<td>June 2017</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>350</strong></td>
<td><strong>292</strong></td>
<td></td>
</tr>
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</table>
## End Hep C SF Barriers

### Patient level
- Homelessness
- Poverty
- Substance Use
- Trauma (interferon)
- Unaware of HCV status
- Unaware of developments in HCV treatment

### Clinic Level
- Nursing support difficult to fund
- Onerous PA process
- "Ghost panels"
- IT needs to capture data
- Traditional clinic settings not drug user-friendly

### Structural
- Jail population uninsured/can’t get meds
- Lack of state and federal funding
- Limitations of surveillance data
- No centralized way of tracking cures
Upcoming Projects

• Research and Surveillance
  • NIH R21 application submitted for cascade development and modeling work

• Prevention, Testing, Linkage group
  • New treatments have changed the game video (RFP in process)
  • Peer-based HCV linkage project (funding awarded to partner agencies)
  • Stigma campaign

• Treatment Access
  • Academic detailing (funding awarded)
  • Continued capacity building a low-treating clinics (In partnership with SFHP)
Thank you!!!

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SFDPH
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